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# **Wisconsin Home Health Agency Directory 2002**

**December 2003**

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*Bureau of Health Information  
Division of Health Care Financing  
Wisconsin Department of Health and Family Services*

**Suggested citation:**

Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, *Wisconsin Home Health Agency Directory, 2002* (PHC 5378). December 2003.

## FOREWORD

Chapter 50.49, Wisconsin Statutes, authorizes and directs the Department of Health and Family Services (DHFS) to develop rules for the licensure of all home health agencies serving Wisconsin residents (Wisconsin Administrative Code, HFS 133, Home Health Agencies). These rules include requirements for reporting information on home health agencies to DHFS through the submittal of licensure application forms provided by the Department. The survey form is attached to the annual report. The Bureau of Health Information, DHFS, compiles the survey data for use by the Department and others.

The agency profiles presented in this directory are based on survey data collected for the 2002 calendar year. Each agency profile also includes results of a one-day, point-in-time profile of residents served by the agency on December 5, 2002. The annual report, to which the survey was attached, is for the period June 1, 2003 through May 31, 2004. The Bureau of Health Information would like to thank the home health agencies for their participation in the annual surveys.

This directory was produced by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Jane Conner, research analyst, prepared the directory. She also coordinated and implemented the data collection and editing activities. Kitty Klement, research analyst, and Lu Ann Hahn and Kim Voss, research technicians, participated in the survey follow-up process. The directory was prepared under the supervision of John Chapin, Director of the Bureau of Health Information.

All publications produced by the Bureau of Health Information can be found online, at [www.dhfs.state.wi.us/stats](http://www.dhfs.state.wi.us/stats).

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## INTRODUCTION

Home health agencies have been an integral part of the Wisconsin health care delivery system since the early 1960s. The Annual Survey of Home Health Agencies was begun in 1984 to systematically collect information about the characteristics of home health agencies and the patients they served. The purpose of the survey is to generate information useful to various programs in the Department of Health and Family Services, home health agency administrators, public and private health care professionals, and other interested citizens.

This directory presents data for the 145 home health agencies that submitted an application for an annual report for 2002. Agency profiles include detailed information about individual home health agencies for 2002 and a one-day, point-in-time profile of residents served on December 5, 2002. The agency profiles are organized alphabetically by county of location, and by city within each county. The indices included at the back of this directory list all agencies statewide by county, city, name of agency, and license number assigned to each agency by the Bureau of Quality Assurance, Division of Supportive Living.

Data contained in each profile are agency-specific and appear most frequently in the form of percentages. Caution should be used when comparing percentages for agencies with small numbers of patients because of the high potential for variability. Throughout these profiles, a " ." in any category indicates that the data were not provided by the agency.

The following information is presented for each agency:

1. Identifying information, including agency name, address, city, zip code, county, telephone number and license number.
2. Agency characteristics, such as type of ownership, certification for Medicare (Title 18) and Medicaid (Title 19), any affiliation with a hospital, and counties served by the agency.
3. Agency utilization measures, including the number of patients, visits and visits per patient by type of service.
4. Profiles of the percentage of patients served during the year, by patients' age, sex, reimbursement source and primary diagnosis. The profiles of the percentage of patients by age, sex and primary diagnosis describe an unduplicated count of patients served during calendar year 2002. The profile by reimbursement source is based on the agency's last completed fiscal year and describes a duplicated count of patients.
5. Revenue and expenses for the agency's last completed fiscal year.
6. The percentage of admissions by referral source and the discharge status or care destination for patients discharged.
7. Number of full-time equivalent employees (FTEs). Staffing data does not include information about consultants or contracted staff.

To assist the reader in converting the percentages shown in each profile to a comparable number of patients, an example is provided using data from the Bay Area Home Health Services in Ashland (Page 2). To calculate the number of patients served by this agency who were age 55 to 64, divide the percentage for the age group (13.7) by 100 (.137) and multiply the result by the total number of patients served during the year (182). The product (.137 x 182) is 24.934, which when rounded to 25 is the number of unduplicated patients age 55 to 64 served by this agency during the 2002 calendar year.





## **Home Health Agency Profiles**



**Adams County Memorial Hospital Association**

450 East State Street

Adams WI 53910

Adams County

(608) 339-7076

License Number: 139

Ownership of Agency: Nonprofit Association

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 15

Number of unduplicated patients in 2002 = 175

**COUNTIES SERVED**

Adams

Columbia

Juneau

Marquette

Waushara

Wood

**TOTAL NUMBER OF ADMISSIONS** 211**PERCENT ADMISSIONS FROM:**

Private Residences 31.3%

General Hospitals 54.0

Nursing Homes 11.4

Other 3.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 210

**PERCENT DISCHARGES TO:**

Private Residences 62.9%

General Hospitals 3.8

Nursing Homes 6.2

Deaths 3.3

Other 23.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	175	1,537	8.8
Home Health Aide	63	681	10.8
Physical Therapy	66	430	6.5
Spch/Occ/Resp Therapy	9	23	2.6
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	96	3,795	39.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,466	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 63.8%
4 to 24 0.6	Medicaid 25.6
25 to 54 5.7	Other Federal 0.0
55 to 64 8.6	State Funds 0.0
65 to 74 29.7	Private Insurance 10.6
75 to 84 36.6	Self Pay 0.0
85 & over 18.9	Other 0.0
	TOTAL PATIENTS 199

Males 37.1% Females 62.9 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.6%	Digestive Disorders 1.7%
Cancer 8.6	Genitourinary Sys. 5.7
Diabetes 2.9	Preg. & Childbirth 0.0
Diseases of Blood 2.3	Arthropathies 19.4
Dementia/Alzheimers 1.1	Osteopathies 1.7
Psychoses/Neuroses 3.4	Perinatal Period 4.6
Central Nervous Sys. 0.6	Ill-Defined Cond. 4.6
Paralysis/CP 1.1	Fractures 1.7
Cardiovascular 15.4	Wounds, Burns 0.0
Stroke 2.3	Compl. of Surgery 10.9
Respiratory 7.4	Other Conditions 4.0

REVENUE	
Billings \$	489,686
Disallowances	126,464
Collections	363,222
Other	0
Total	363,222

EXPENSES	
Total \$	428,990

**STAFFING FTES**

Administrators 1.0

Reg. Nurse Supervisors 1.0

Registered Nurses 0.7

Licensed Practical Nurses 0.0

Home Health Aides 2.4

Physical Therapists 0.4

Occupational Therapists 0.0

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 4.4

Homemakers 0.0

Other Staff 1.8

TOTAL FTES 11.6

**Bay Area Home Health Services**

1601 Beaser Avenue

Ashland WI 54806

Ashland County

**COUNTIES SERVED**

Ashland

Bayfield

Iron

(715) 682-9500

License Number: 251

Ownership of Agency: Individual Proprietary

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 64

Number of unduplicated patients in 2002 = 182

**TOTAL NUMBER OF ADMISSIONS** 139**PERCENT ADMISSIONS FROM:**

Private Residences	10.8%
General Hospitals	40.3
Nursing Homes	10.1
Other	38.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 110

**PERCENT DISCHARGES TO:**

Private Residences	54.5%
General Hospitals	30.0
Nursing Homes	7.3
Deaths	0.9
Other	7.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	118	1,608	13.6
Home Health Aide	18	588	32.7
Physical Therapy	8	63	7.9
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	204	45,453	222.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	176	52,649	299.1
TOTAL	XXXXXXX	100,361	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 19.7%
4 to 24 4.9	Medicaid 62.0
25 to 54 21.4	Other Federal 1.0
55 to 64 13.7	State Funds 1.9
65 to 74 12.1	Private Insurance 6.3
75 to 84 20.9	Self Pay 9.1
85 & over 26.4	Other 0.0
	TOTAL PATIENTS 208

Males 34.6% Females 65.4 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.1%	Digestive Disorders 4.4%
Cancer 4.9	Genitourinary Sys. 1.1
Diabetes 0.5	Preg. & Childbirth 0.0
Diseases of Blood 4.9	Arthropathies 13.2
Dementia/Alzheimers 6.0	Osteopathies 2.2
Psychoses/Neuroses 5.5	Perinatal Period 2.2
Central Nervous Sys. 3.8	Ill-Defined Cond. 6.6
Paralysis/CP 2.2	Fractures 2.2
Cardiovascular 11.5	Wounds, Burns 3.3
Stroke 4.9	Compl. of Surgery 1.6
Respiratory 3.8	Other Conditions 13.7

**REVENUE**

Billings	\$ 1,729,614
Disallowances	33,833
Collections	1,695,781
Other	209
Total	1,695,990

**EXPENSES**

Total	\$ 1,641,863
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.7
Licensed Practical Nurses	0.0
Home Health Aides	0.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	22.3
Homemakers	24.0
Other Staff	6.4
TOTAL FTES	56.6

**Lakeview Medical Center**

212 South Main Street

Rice Lake WI 54868

Barron County

(715) 236-6256

License Number: 151

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 23

Number of unduplicated patients in 2002 = 380

**COUNTIES SERVED**

Barron

Burnett

Polk

Rusk

Sawyer

Washburn

**TOTAL NUMBER OF ADMISSIONS** 356**PERCENT ADMISSIONS FROM:**

Private Residences 16.6%

General Hospitals 75.0

Nursing Homes 7.6

Other 0.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 356

**PERCENT DISCHARGES TO:**

Private Residences 82.3%

General Hospitals 9.3

Nursing Homes 0.3

Deaths 3.4

Other 4.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	380	3,588	9.4
Home Health Aide	141	3,281	23.3
Physical Therapy	163	627	3.8
Spch/Occ/Resp Therapy	61	187	3.1
Medical Social Service	16	16	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,699	XXXXX

**AGE AND SEX OF PATIENTS**      **PATIENT REIMBURSEMENT SOURCE**

Under 4	1.8%	Medicare	73.5%
4 to 24	0.8	Medicaid	6.1
25 to 54	11.1	Other Federal	1.8
55 to 64	12.1	State Funds	0.0
65 to 74	21.6	Private Insurance	17.6
75 to 84	33.4	Self Pay	1.0
85 & over	19.2	Other	0.0
		TOTAL PATIENTS	393

Males 38.9%      Females 61.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders	0.8%	Digestive Disorders	4.2%
Cancer	10.3	Genitourinary Sys.	1.6
Diabetes	4.2	Preg. & Childbirth	0.3
Diseases of Blood	2.4	Arthropathies	16.6
Dementia/Alzheimers	0.0	Osteopathies	2.9
Psychoses/Neuroses	0.8	Perinatal Period	0.5
Central Nervous Sys.	1.6	Ill-Defined Cond.	3.7
Paralysis/CP	0.8	Fractures	10.3
Cardiovascular	15.8	Wounds, Burns	0.8
Stroke	2.6	Compl. of Surgery	4.7
Respiratory	6.6	Other Conditions	8.7

**REVENUE**

Billings	\$	845,355
Disallowances		302,447
Collections		542,908
Other		210
Total		543,118

**EXPENSES**

Total	\$	816,466
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**STAFFING****FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.7
Registered Nurses	5.9
Licensed Practical Nurses	0.0
Home Health Aides	3.6
Physical Therapists	1.0
Occupational Therapists	0.1
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	13.1

**Bayfield County Health Department**

117 East 5th Street, PO Box 403

Washburn WI 54891

Bayfield County

**COUNTIES SERVED**

Bayfield

(715) 373-6109

License Number: 11

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 8

Number of unduplicated patients in 2002 = 68

**TOTAL NUMBER OF ADMISSIONS** 68**PERCENT ADMISSIONS FROM:**

Private Residences	10.3%
General Hospitals	72.1
Nursing Homes	17.6
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 60

**PERCENT DISCHARGES TO:**

Private Residences	90.0%
General Hospitals	6.7
Nursing Homes	0.0
Deaths	0.0
Other	3.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	63	833	13.2
Home Health Aide	26	711	27.3
Physical Therapy	35	265	7.6
Spch/Occ/Resp Therapy	2	16	8.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,825	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 77.9%
4 to 24 1.5	Medicaid 10.3
25 to 54 10.3	Other Federal 1.5
55 to 64 5.9	State Funds 0.0
65 to 74 23.5	Private Insurance 5.9
75 to 84 36.8	Self Pay 4.4
85 & over 22.1	Other 0.0
	TOTAL PATIENTS 68

Males 45.6% Females 54.4 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.5%
Cancer 2.9	Genitourinary Sys. 5.9
Diabetes 2.9	Preg. & Childbirth 1.5
Diseases of Blood 2.9	Arthropathies 19.1
Dementia/Alzheimers 0.0	Osteopathies 1.5
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.5	Ill-Defined Cond. 14.7
Paralysis/CP 0.0	Fractures 7.4
Cardiovascular 11.8	Wounds, Burns 2.9
Stroke 1.5	Compl. of Surgery 2.9
Respiratory 4.4	Other Conditions 14.7

REVENUE	
Billings \$	168,299
Disallowances	14,196
Collections	154,103
Other	0
Total	154,103

EXPENSES	
Total \$	239,504

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.0
Licensed Practical Nurses	0.0
Home Health Aides	0.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.1
TOTAL FTES	4.9

**Bellin Home Health Agency**

215 North Webster Avenue  
Green Bay WI 54305

Brown County

(920) 432-5434

License Number: 14

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 49

Number of unduplicated patients in 2002 = 661

**COUNTIES SERVED**

Brown

Door

Kewaunee

Manitowoc

Marinette

Oconto

Oneida

Outagamie

Shawano

**TOTAL NUMBER OF ADMISSIONS** 539**PERCENT ADMISSIONS FROM:**

Private Residences	33.6%
General Hospitals	55.1
Nursing Homes	3.0
Other	8.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 573

**PERCENT DISCHARGES TO:**

Private Residences	82.2%
General Hospitals	3.3
Nursing Homes	4.5
Deaths	2.8
Other	7.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	640	8,814	13.8
Home Health Aide	119	5,531	46.5
Physical Therapy	191	1,589	8.3
Spch/Occ/Resp Therapy	53	277	5.2
Medical Social Service	61	126	2.1
Private Duty Nursing	15	158	10.5
Personal Care/PC RN Supv.	36	5,360	148.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	21,855	XXXXX

**AGE AND SEX OF PATIENTS**      **PATIENT REIMBURSEMENT SOURCE**

Under 4	7.3%	Medicare	60.4%
4 to 24	4.5	Medicaid	12.0
25 to 54	15.4	Other Federal	0.8
55 to 64	13.6	State Funds	0.0
65 to 74	17.5	Private Insurance	22.5
75 to 84	29.0	Self Pay	4.4
85 & over	12.6	Other	0.0
		TOTAL PATIENTS	661
Males 45.7%	Females 54.3 %		

**PRIMARY DIAGNOSIS**

Infectious Disorders	0.9%	Digestive Disorders	3.3%
Cancer	5.9	Genitourinary Sys.	3.6
Diabetes	5.3	Preg. & Childbirth	0.5
Diseases of Blood	1.2	Arthropathies	7.1
Dementia/Alzheimers	0.2	Osteopathies	0.6
Psychoses/Neuroses	1.5	Perinatal Period	2.9
Central Nervous Sys.	3.2	Ill-Defined Cond.	7.7
Paralysis/CP	2.4	Fractures	6.4
Cardiovascular	18.5	Wounds, Burns	2.9
Stroke	1.5	Compl. of Surgery	5.3
Respiratory	4.5	Other Conditions	14.7

**REVENUE**

Billings	\$ 1,452,585
Disallowances	140,911
Collections	1,311,674
Other	36,128
Total	1,347,802

**EXPENSES**

Total	\$ 1,865,379
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.2
Registered Nurses	6.3
Licensed Practical Nurses	0.5
Home Health Aides	5.5
Physical Therapists	1.5
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.5
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	7.4
TOTAL FTES	25.1

**Heartland Home Health Care**

2050 Riverside Drive, 1st Floor  
Green Bay WI 54301

Brown County

(920) 436-9380

License Number: 218

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 12

Number of unduplicated patients in 2002 = 77

**COUNTIES SERVED**

Brown

Calumet

Kewaunee

Manitowoc

Outagamie

Shawano

Waupaca

Winnebago

**TOTAL NUMBER OF ADMISSIONS** 77

**PERCENT ADMISSIONS FROM:**

Private Residences	35.1%
General Hospitals	27.3
Nursing Homes	31.2
Other	6.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 66

**PERCENT DISCHARGES TO:**

Private Residences	89.4%
General Hospitals	3.0
Nursing Homes	3.0
Deaths	0.0
Other	4.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	75	621	8.3
Home Health Aide	21	122	5.8
Physical Therapy	13	60	4.6
Spch/Occ/Resp Therapy	11	52	4.7
Medical Social Service	18	30	1.7
Private Duty Nursing	1	28	28.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	913	XXXXX

**AGE AND SEX OF PATIENTS**

Under 4	3.9%	Medicare	51.9%
4 to 24	5.2	Medicaid	7.8
25 to 54	13.0	Other Federal	0.0
55 to 64	10.4	State Funds	0.0
65 to 74	20.8	Private Insurance	26.0
75 to 84	28.6	Self Pay	14.3
85 & over	18.2	Other	0.0
		TOTAL PATIENTS	77

Males 45.5% Females 54.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders	0.0%	Digestive Disorders	5.2%
Cancer	11.7	Genitourinary Sys.	5.2
Diabetes	2.6	Preg. & Childbirth	0.0
Diseases of Blood	1.3	Arthropathies	1.3
Dementia/Alzheimers	0.0	Osteopathies	0.0
Psychoses/Neuroses	2.6	Perinatal Period	0.0
Central Nervous Sys.	3.9	Ill-Defined Cond.	5.2
Paralysis/CP	1.3	Fractures	6.5
Cardiovascular	27.3	Wounds, Burns	1.3
Stroke	3.9	Compl. of Surgery	5.2
Respiratory	6.5	Other Conditions	9.1

**REVENUE**

Billings	\$	158,829
Disallowances		41,849
Collections		116,980
Other		0
Total		116,980

**EXPENSES**

Total	\$	320,081
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.3
Licensed Practical Nurses	0.4
Home Health Aides	0.8
Physical Therapists	0.3
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.1
Personal Care Workers	0.0
Homemakers	0.1
Other Staff	3.0
TOTAL FTES	8.1



Home Care Advantage Inc.  
120 South Webster Avenue  
Green Bay WI 54301

Brown County

COUNTIES SERVED  
Brown

(920) 437-0496

License Number: 154  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 12/5/2002 = 7  
Number of unduplicated patients in 2002 = 14

**TOTAL NUMBER OF ADMISSIONS** 5

**PERCENT ADMISSIONS FROM:**

Private Residences	60.0%
General Hospitals	40.0
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 4

**PERCENT DISCHARGES TO:**

Private Residences	50.0%
General Hospitals	50.0
Nursing Homes	0.0
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	9	170	18.9
Home Health Aide	1	14	14.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	5	3,966	793.2
Medical Social Service	0	0	0.0
Private Duty Nursing	1	231	231.0
Personal Care/PC RN Supv.	6	2,287	381.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,668	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 7.1%	Medicare 12.5%
4 to 24 35.7	Medicaid 75.0
25 to 54 28.6	Other Federal 0.0
55 to 64 7.1	State Funds 12.5
65 to 74 14.3	Private Insurance 0.0
75 to 84 7.1	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 16

Males 50.0% Females 50.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 7.1
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 7.1
Dementia/Alzheimers 0.0	Osteopathies 7.1
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 14.3	Fractures 0.0
Cardiovascular 7.1	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 7.1	Other Conditions 50.0

**REVENUE**

Billings	\$ 1,351,638
Disallowances	297,363
Collections	1,054,275
Other	0
Total	1,054,275

**EXPENSES**

Total	\$ 1,150,252
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**STAFFING**

**FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	10.8
Licensed Practical Nurses	6.1
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.4
Homemakers	0.0
Other Staff	4.1
TOTAL FTES	24.3

**Interim Healthcare of Northeast Wisconsin Inc.**

2555 Continental Court, #4

Green Bay WI 54311

Brown County

**COUNTIES SERVED**

Brown

Oconto

Outagamie

(920) 494-9444

License Number: 266

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 17

Number of unduplicated patients in 2002 = 58

**TOTAL NUMBER OF ADMISSIONS** 26**PERCENT ADMISSIONS FROM:**

Private Residences	80.8%
General Hospitals	15.4
Nursing Homes	3.8
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 27

**PERCENT DISCHARGES TO:**

Private Residences	51.9%
General Hospitals	11.1
Nursing Homes	14.8
Deaths	11.1
Other	11.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	54	3,528	65.3
Home Health Aide	26	6,378	245.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	4	1,358	339.5
Personal Care/PC RN Supv.	13	843	64.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	12,107	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.4%	Medicare 1.4%
4 to 24 12.1	Medicaid 54.9
25 to 54 22.4	Other Federal 1.4
55 to 64 13.8	State Funds 19.7
65 to 74 8.6	Private Insurance 7.0
75 to 84 24.1	Self Pay 15.5
85 & over 15.5	Other 0.0
	TOTAL PATIENTS 71

Males 55.2% Females 44.8 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 3.4%
Cancer 3.4	Genitourinary Sys. 0.0
Diabetes 8.6	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 3.4
Dementia/Alzheimers 1.7	Osteopathies 0.0
Psychoses/Neuroses 3.4	Perinatal Period 0.0
Central Nervous Sys. 5.2	Ill-Defined Cond. 1.7
Paralysis/CP 17.2	Fractures 0.0
Cardiovascular 19.0	Wounds, Burns 3.4
Stroke 3.4	Compl. of Surgery 1.7
Respiratory 10.3	Other Conditions 13.8

REVENUE	
Billings \$	1,063,249
Disallowances	314,485
Collections	748,764
Other	216
Total	748,980

EXPENSES	
Total \$	767,536

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.8
Registered Nurses	1.6
Licensed Practical Nurses	3.8
Home Health Aides	6.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.3
Homemakers	0.0
Other Staff	2.6
TOTAL FTES	17.2

**St. Vincent Hospital Home Health Care**

1920 Libal

Green Bay WI 54301

Brown County

(920) 448-7000

**COUNTIES SERVED**

Brown

Kewaunee

Oconto

Outagamie

Shawano

License Number: 35

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 106

Number of unduplicated patients in 2002 = 2,321

**TOTAL NUMBER OF ADMISSIONS** 2,493**PERCENT ADMISSIONS FROM:**

Private Residences	33.3%
General Hospitals	66.7
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 2,451

**PERCENT DISCHARGES TO:**

Private Residences	87.6%
General Hospitals	2.6
Nursing Homes	3.5
Deaths	1.0
Other	5.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	2,241	11,344	5.1
Home Health Aide	133	10,738	80.7
Physical Therapy	879	6,672	7.6
Spch/Occ/Resp Therapy	406	7,471	18.4
Medical Social Service	249	885	3.6
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	179	6,468	36.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	22	360	16.4
TOTAL	XXXXXXX	43,938	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 46.1%	Medicare 34.6%
4 to 24 2.2	Medicaid 9.4
25 to 54 10.3	Other Federal 0.1
55 to 64 5.5	State Funds 0.6
65 to 74 9.5	Private Insurance 48.9
75 to 84 14.7	Self Pay 5.3
85 & over 11.8	Other 1.0
	TOTAL PATIENTS 2,321

Males 48.8% Females 51.2 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.7%	Digestive Disorders 5.0%
Cancer 3.4	Genitourinary Sys. 0.0
Diabetes 3.3	Preg. & Childbirth 0.3
Diseases of Blood 0.9	Arthropathies 6.9
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 4.4	Perinatal Period 38.9
Central Nervous Sys. 2.8	Ill-Defined Cond. 2.8
Paralysis/CP 0.8	Fractures 14.1
Cardiovascular 8.1	Wounds, Burns 0.0
Stroke 4.2	Compl. of Surgery 0.0
Respiratory 2.5	Other Conditions 0.9

**REVENUE**

Billings	\$ 4,944,439
Disallowances	541,766
Collections	4,402,673
Other	76,550
Total	4,479,223

**EXPENSES**

Total	\$ 5,086,694
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	6.0
Registered Nurses	12.4
Licensed Practical Nurses	0.4
Home Health Aides	9.5
Physical Therapists	6.2
Occupational Therapists	2.5
Speech Pathologists	3.0
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	1.2
Personal Care Workers	4.2
Homemakers	0.8
Other Staff	14.2
TOTAL FTES	62.0

**Visiting Nurse Association of Wisconsin**

931 Discovery Road

Green Bay WI 54311

Brown County

(920) 288-5100

License Number: 1008

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/5/2002 = 42

Number of unduplicated patients in 2002 = 449

**COUNTIES SERVED**

Brown

Calumet

Door

Kewaunee

Manitowoc

Outagamie

Winnebago

**TOTAL NUMBER OF ADMISSIONS** 432**PERCENT ADMISSIONS FROM:**

Private Residences 39.4%

General Hospitals 51.2

Nursing Homes 8.1

Other 1.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 418

**PERCENT DISCHARGES TO:**

Private Residences 81.8%

General Hospitals 1.7

Nursing Homes 9.3

Deaths 3.1

Other 4.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	372	4,623	12.4
Home Health Aide	120	7,919	66.0
Physical Therapy	151	822	5.4
Spch/Occ/Resp Therapy	77	325	4.2
Medical Social Service	32	44	1.4
Private Duty Nursing	2	38	19.0
Personal Care/PC RN Supv.	83	3,425	41.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	142	47.3
TOTAL	XXXXXXX	17,338	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.7%	Medicare 57.0%
4 to 24 2.9	Medicaid 15.4
25 to 54 18.3	Other Federal 0.0
55 to 64 11.6	State Funds 0.0
65 to 74 17.1	Private Insurance 23.4
75 to 84 29.2	Self Pay 4.2
85 & over 16.3	Other 0.0
	TOTAL PATIENTS 449

Males 43.2% Females 56.8 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.2%	Digestive Disorders 8.9%
Cancer 8.0	Genitourinary Sys. 3.8
Diabetes 6.7	Preg. & Childbirth 0.0
Diseases of Blood 1.3	Arthropathies 4.5
Dementia/Alzheimers 0.0	Osteopathies 6.2
Psychoses/Neuroses 0.2	Perinatal Period 3.1
Central Nervous Sys. 7.1	Ill-Defined Cond. 2.2
Paralysis/CP 1.3	Fractures 6.7
Cardiovascular 17.4	Wounds, Burns 4.2
Stroke 3.3	Compl. of Surgery 2.9
Respiratory 7.1	Other Conditions 4.7

REVENUE	
Billings \$	1,301,149
Disallowances	-103,908
Collections	1,405,057
Other	2,807
Total	1,407,864

EXPENSES	
Total \$	1,815,772

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	8.1
Licensed Practical Nurses	1.2
Home Health Aides	8.9
Physical Therapists	0.5
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	1.0
Other Therapeutic Staff	0.1
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	6.0
TOTAL FTES	28.9

**Woodside Home Health Agency**

1031 Anderson Drive, 307A

Green Bay WI 54304

Brown County

**COUNTIES SERVED**

Brown

(920) 499-0975

License Number: 311

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 22

Number of unduplicated patients in 2002 = 47

**TOTAL NUMBER OF ADMISSIONS** 29**PERCENT ADMISSIONS FROM:**

Private Residences	75.9%
General Hospitals	17.2
Nursing Homes	0.0
Other	6.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 23

**PERCENT DISCHARGES TO:**

Private Residences	56.5%
General Hospitals	4.3
Nursing Homes	17.4
Deaths	8.7
Other	13.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	47	2,221	47.3
Home Health Aide	26	7,300	280.8
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	40	5,240	131.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,761	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 5.9%
4 to 24 10.6	Medicaid 36.8
25 to 54 40.4	Other Federal 0.0
55 to 64 8.5	State Funds 13.2
65 to 74 8.5	Private Insurance 2.9
75 to 84 23.4	Self Pay 41.2
85 & over 8.5	Other 0.0
	TOTAL PATIENTS 68

Males 42.6% Females 57.4 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 4.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 2.1
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 2.1
Paralysis/CP 42.6	Fractures 0.0
Cardiovascular 2.1	Wounds, Burns 4.3
Stroke 4.3	Compl. of Surgery 0.0
Respiratory 2.1	Other Conditions 36.2

**REVENUE**

Billings \$	635,092
Disallowances	0
Collections	635,092
Other	1,743
Total	636,835

**EXPENSES**

Total \$	609,536
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.0
Licensed Practical Nurses	1.0
Home Health Aides	6.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.1
Homemakers	0.0
Other Staff	1.4
TOTAL FTES	16.7

**Burnett County Department of Health and Human Services**

7410 County Road K, #280

Siren WI 54872

Burnett County

**COUNTIES SERVED**

Burnett

(715) 349-7600

License Number: 41

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 6

Number of unduplicated patients in 2002 = 97

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	97	1,004	10.4
Home Health Aide	37	1,579	42.7
Physical Therapy	32	154	4.8
Spch/Occ/Resp Therapy	9	29	3.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,766	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.0%	Medicare 54.3%
4 to 24 1.0	Medicaid 4.6
25 to 54 16.5	Other Federal 4.6
55 to 64 14.4	State Funds 7.6
65 to 74 13.4	Private Insurance 17.8
75 to 84 32.0	Self Pay 11.2
85 & over 21.6	Other 0.0
	TOTAL PATIENTS 197

Males 45.4% Females 54.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.0%	Digestive Disorders 7.2%
Cancer 5.2	Genitourinary Sys. 2.1
Diabetes 6.2	Preg. & Childbirth 0.0
Diseases of Blood 1.0	Arthropathies 18.6
Dementia/Alzheimers 4.1	Osteopathies 2.1
Psychoses/Neuroses 2.1	Perinatal Period 0.0
Central Nervous Sys. 5.2	Ill-Defined Cond. 4.1
Paralysis/CP 0.0	Fractures 7.2
Cardiovascular 12.4	Wounds, Burns 1.0
Stroke 3.1	Compl. of Surgery 3.1
Respiratory 0.0	Other Conditions 14.4

**TOTAL NUMBER OF ADMISSIONS** 94**PERCENT ADMISSIONS FROM:**

Private Residences	29.8%
General Hospitals	55.3
Nursing Homes	14.9
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 89

**PERCENT DISCHARGES TO:**

Private Residences	78.7%
General Hospitals	10.1
Nursing Homes	6.7
Deaths	0.0
Other	4.5

**STAFFING****FTES**

Administrators	0.4
Reg. Nurse Supervisors	0.0
Registered Nurses	1.5
Licensed Practical Nurses	0.0
Home Health Aides	0.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.7
<b>TOTAL FTES</b>	<b>3.3</b>

**REVENUE**

Billings \$	219,536
Disallowances	50,993
Collections	168,543
Other	5,055
<b>Total</b>	<b>173,598</b>

**EXPENSES**

<b>Total \$</b>	<b>264,480</b>
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**Calumet County Health Dept/HHC Agency**

206 Court Street, Courthouse

Chilton WI 53014

Calumet County

**COUNTIES SERVED**

Calumet

Fond du Lac

Manitowoc

(920) 849-1424

License Number: 42

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 17

Number of unduplicated patients in 2002 = 165

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	150	1,971	13.1
Home Health Aide	91	3,544	38.9
Physical Therapy	33	188	5.7
Spch/Occ/Resp Therapy	19	107	5.6
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	42	1,686	40.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,496	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 58.5%
4 to 24 1.8	Medicaid 14.6
25 to 54 1.8	Other Federal 9.9
55 to 64 4.2	State Funds 0.0
65 to 74 14.5	Private Insurance 7.1
75 to 84 44.8	Self Pay 9.9
85 & over 32.7	Other 0.0
	TOTAL PATIENTS 212

Males 36.4% Females 63.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 3.6%
Cancer 1.8	Genitourinary Sys. 5.5
Diabetes 4.8	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 15.2
Dementia/Alzheimers 1.8	Osteopathies 1.2
Psychoses/Neuroses 0.6	Perinatal Period 0.0
Central Nervous Sys. 3.6	Ill-Defined Cond. 13.9
Paralysis/CP 0.0	Fractures 7.9
Cardiovascular 23.6	Wounds, Burns 4.2
Stroke 4.2	Compl. of Surgery 0.6
Respiratory 1.8	Other Conditions 5.5

**TOTAL NUMBER OF ADMISSIONS** 133**PERCENT ADMISSIONS FROM:**

Private Residences	36.1%
General Hospitals	38.3
Nursing Homes	23.3
Other	2.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 139

**PERCENT DISCHARGES TO:**

Private Residences	58.3%
General Hospitals	22.3
Nursing Homes	10.1
Deaths	4.3
Other	5.0

**STAFFING****FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.9
Registered Nurses	2.7
Licensed Practical Nurses	0.0
Home Health Aides	3.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.0
Homemakers	0.0
Other Staff	1.5
<b>TOTAL FTES</b>	<b>9.3</b>

**REVENUE**

Billings \$	417,999
Disallowances	-98,846
Collections	516,845
Other	18,741
<b>Total</b>	<b>535,586</b>

**EXPENSES**

<b>Total \$</b>	<b>542,799</b>
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**Calumet Medical Center Health Care Services**

451 East Brooklyn, Suite 5

Chilton WI 53014

Calumet County

(920) 849-7505

**COUNTIES SERVED**

Calumet

Fond du Lac

Manitowoc

Sheboygan

License Number: 174

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 49

Number of unduplicated patients in 2002 = 215

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	150	1,635	10.9
Home Health Aide	56	1,205	21.5
Physical Therapy	43	240	5.6
Spch/Occ/Resp Therapy	26	83	3.2
Medical Social Service	19	43	2.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	77	2,150	27.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	48	2,509	52.3
TOTAL	XXXXXXX	7,865	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 50.2%
4 to 24 1.4	Medicaid 10.2
25 to 54 7.9	Other Federal 0.0
55 to 64 5.1	State Funds 11.6
65 to 74 18.1	Private Insurance 9.3
75 to 84 31.6	Self Pay 18.6
85 & over 35.3	Other 0.0
	TOTAL PATIENTS 215

Males 43.7% Females 56.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.9%
Cancer 4.2	Genitourinary Sys. 0.5
Diabetes 3.3	Preg. & Childbirth 0.0
Diseases of Blood 0.5	Arthropathies 9.8
Dementia/Alzheimers 1.4	Osteopathies 0.9
Psychoses/Neuroses 2.3	Perinatal Period 0.5
Central Nervous Sys. 3.3	Ill-Defined Cond. 11.6
Paralysis/CP 0.5	Fractures 5.1
Cardiovascular 10.7	Wounds, Burns 1.9
Stroke 2.8	Compl. of Surgery 2.3
Respiratory 8.8	Other Conditions 28.8

**TOTAL NUMBER OF ADMISSIONS** 190**PERCENT ADMISSIONS FROM:**

Private Residences	46.8%
General Hospitals	45.3
Nursing Homes	3.7
Other	4.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 199

**PERCENT DISCHARGES TO:**

Private Residences	75.4%
General Hospitals	2.0
Nursing Homes	8.5
Deaths	2.5
Other	11.6

**STAFFING****FTES**

Administrators	0.1
Reg. Nurse Supervisors	1.0
Registered Nurses	2.1
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.1
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.8
Homemakers	2.2
Other Staff	2.0
TOTAL FTES	9.3

**REVENUE**

Billings \$	415,438
Disallowances	72,188
Collections	343,250
Other	0
Total	343,250

**EXPENSES**

Total \$	459,345
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**Chippewa County Department/Public Health**  
 711 North Rigde Street, Room 222  
 Chippewa Falls WI 54729 Chippewa County

**COUNTIES SERVED**  
 Chippewa

(715) 726-7900

License Number: 43  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 12/5/2002 = 43  
 Number of unduplicated patients in 2002 = 335

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	307	4,226	13.8
Home Health Aide	149	6,161	41.3
Physical Therapy	43	367	8.5
Spch/Occ/Resp Therapy	11	55	5.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	188	7,044	37.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	17,853	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.3%	Medicare	49.5%
4 to 24	1.5	Medicaid	31.6
25 to 54	9.6	Other Federal	1.6
55 to 64	9.0	State Funds	0.8
65 to 74	19.4	Private Insurance	9.9
75 to 84	34.9	Self Pay	5.8
85 & over	25.4	Other	0.8
		TOTAL PATIENTS	364
Males	38.5%	Females	61.5 %

PRIMARY DIAGNOSIS			
Infectious Disorders	0.0%	Digestive Disorders	2.7%
Cancer	0.0	Genitourinary Sys.	1.8
Diabetes	0.0	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	23.3
Dementia/Alzheimers	0.0	Osteopathies	0.3
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	23.9
Paralysis/CP	0.0	Fractures	0.0
Cardiovascular	14.0	Wounds, Burns	11.3
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	7.8	Other Conditions	14.9

**TOTAL NUMBER OF ADMISSIONS** 232

**PERCENT ADMISSIONS FROM:**

Private Residences	60.8%
General Hospitals	19.0
Nursing Homes	19.8
Other	0.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 213

**PERCENT DISCHARGES TO:**

Private Residences	64.3%
General Hospitals	7.5
Nursing Homes	20.2
Deaths	4.7
Other	3.3

**STAFFING**

**FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.2
Licensed Practical Nurses	0.0
Home Health Aides	6.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.5
Homemakers	0.0
Other Staff	5.0
<b>TOTAL FTES</b>	<b>21.8</b>

**REVENUE**

Billings	\$ 1,122,490
Disallowances	85,385
Collections	1,037,105
Other	0
<b>Total</b>	<b>1,037,105</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,066,983</b>
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**St. Joseph's Hospital Home Health Agency**

2661 County Highway I

Chippewa Falls WI 54729

Chippewa County

(715) 726-3485

License Number: 158

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 32

Number of unduplicated patients in 2002 = 699

**COUNTIES SERVED**

Barron

Buffalo

Chippewa

Clark

Dunn

Eau Claire

Pepin

Rusk

Trempealeau

**TOTAL NUMBER OF ADMISSIONS** 687**PERCENT ADMISSIONS FROM:**

Private Residences 25.8%

General Hospitals 58.1

Nursing Homes 10.2

Other 6.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 681

**PERCENT DISCHARGES TO:**

Private Residences 75.0%

General Hospitals 3.5

Nursing Homes 7.8

Deaths 3.8

Other 9.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	569	4,862	8.5
Home Health Aide	201	3,089	15.4
Physical Therapy	275	1,517	5.5
Spch/Occ/Resp Therapy	195	490	2.5
Medical Social Service	141	157	1.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,115	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.6%	Medicare 58.4%
4 to 24 5.4	Medicaid 14.5
25 to 54 20.5	Other Federal 0.2
55 to 64 12.4	State Funds 0.0
65 to 74 15.7	Private Insurance 25.2
75 to 84 25.3	Self Pay 1.0
85 & over 19.0	Other 0.8
	TOTAL PATIENTS 1,154

Males 40.8%	Females 59.2 %	PRIMARY DIAGNOSIS
Infectious Disorders 4.0%	Digestive Disorders 6.0%	
Cancer 10.2	Genitourinary Sys. 2.9	
Diabetes 6.7	Preg. & Childbirth 0.0	
Diseases of Blood 0.0	Arthropathies 9.4	
Dementia/Alzheimers 0.3	Osteopathies 2.3	
Psychoses/Neuroses 0.3	Perinatal Period 0.6	
Central Nervous Sys. 2.4	Ill-Defined Cond. 6.7	
Paralysis/CP 0.9	Fractures 5.6	
Cardiovascular 14.3	Wounds, Burns 4.0	
Stroke 2.3	Compl. of Surgery 4.7	
Respiratory 7.7	Other Conditions 8.7	

REVENUE
Billings \$ 1,301,632
Disallowances 228,891
Collections 1,072,741
Other 29,939
Total 1,102,680

EXPENSES
Total \$ 1,452,517

STAFFING	FTES
Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	7.1
Licensed Practical Nurses	0.0
Home Health Aides	2.7
Physical Therapists	3.0
Occupational Therapists	0.3
Speech Pathologists	0.2
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.0
TOTAL FTES	19.0

**Memorial Hospital Inc.**

216 Sunset Place

Neillsville WI 54456

Clark County

**COUNTIES SERVED**

Clark

(715) 743-3101

License Number: 146

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 5

Number of unduplicated patients in 2002 = 47

**TOTAL NUMBER OF ADMISSIONS** 40**PERCENT ADMISSIONS FROM:**

Private Residences	25.0%
General Hospitals	37.5
Nursing Homes	37.5
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 33

**PERCENT DISCHARGES TO:**

Private Residences	60.6%
General Hospitals	12.1
Nursing Homes	27.3
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	47	738	15.7
Home Health Aide	21	948	45.1
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,686	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 97.9%
4 to 24 0.0	Medicaid 0.0
25 to 54 0.0	Other Federal 0.0
55 to 64 2.1	State Funds 0.0
65 to 74 8.5	Private Insurance 0.0
75 to 84 29.8	Self Pay 2.1
85 & over 59.6	Other 0.0
	TOTAL PATIENTS 47

Males 23.4% Females 76.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 2.1%	Digestive Disorders 2.1%
Cancer 8.5	Genitourinary Sys. 0.0
Diabetes 19.1	Preg. & Childbirth 0.0
Diseases of Blood 2.1	Arthropathies 6.4
Dementia/Alzheimers 0.0	Osteopathies 2.1
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 4.3
Cardiovascular 19.1	Wounds, Burns 19.1
Stroke 4.3	Compl. of Surgery 0.0
Respiratory 10.6	Other Conditions 0.0

**REVENUE**

Billings \$	129,640
Disallowances	-33,520
Collections	163,160
Other	0
Total	163,160

**EXPENSES**

Total \$	163,572
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.5
Licensed Practical Nurses	0.0
Home Health Aides	0.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTEs	3.0

**Divine Savior Home Care**

128 Eastridge Drive, Suite 100

Portage WI 53901

Columbia County

(608) 745-6400

License Number: 328

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 26

Number of unduplicated patients in 2002 = 283

**COUNTIES SERVED**

Adams

Columbia

Green Lake

Juneau

Marquette

Sauk

**TOTAL NUMBER OF ADMISSIONS** 283**PERCENT ADMISSIONS FROM:**

Private Residences 28.6%

General Hospitals 55.8

Nursing Homes 12.7

Other 2.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 260

**PERCENT DISCHARGES TO:**

Private Residences 77.7%

General Hospitals 3.5

Nursing Homes 7.3

Deaths 4.6

Other 6.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	283	2,945	10.4
Home Health Aide	55	831	15.1
Physical Therapy	172	1,386	8.1
Spch/Occ/Resp Therapy	97	609	6.3
Medical Social Service	3	6	2.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,777	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 77.0%
4 to 24 1.8	Medicaid 3.4
25 to 54 11.3	Other Federal 0.0
55 to 64 12.0	State Funds 0.0
65 to 74 18.7	Private Insurance 16.3
75 to 84 31.4	Self Pay 3.4
85 & over 24.7	Other 0.0
	TOTAL PATIENTS 326

Males 35.0% Females 65.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.4%	Digestive Disorders 3.9%
Cancer 5.7	Genitourinary Sys. 3.9
Diabetes 2.1	Preg. & Childbirth 0.0
Diseases of Blood 1.8	Arthropathies 21.6
Dementia/Alzheimers 0.4	Osteopathies 1.1
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.8	Ill-Defined Cond. 4.6
Paralysis/CP 0.0	Fractures 12.0
Cardiovascular 15.9	Wounds, Burns 4.6
Stroke 6.0	Compl. of Surgery 0.4
Respiratory 6.4	Other Conditions 6.7

REVENUE	
Billings \$	566,162
Disallowances	21,774
Collections	544,388
Other	0
Total	544,388

EXPENSES	
Total \$	443,988

**STAFFING FTES**

Administrators 1.0

Reg. Nurse Supervisors 0.0

Registered Nurses 3.7

Licensed Practical Nurses 1.0

Home Health Aides 1.0

Physical Therapists 1.5

Occupational Therapists 0.6

Speech Pathologists 0.2

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 0.0

Homemakers 0.0

Other Staff 0.5

TOTAL FTES 9.5

**Prairie du Chien Memorial Hospital Home Health**  
 705 East Taylor Street  
 Prairie du Chien WI 53821      Crawford County  
 (608) 357-2262

**COUNTIES SERVED**  
 Crawford  
 Grant  
 Vernon

License Number: 46  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 12/5/2002 = 19  
 Number of unduplicated patients in 2002 = 239

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	237	3,518	14.8
Home Health Aide	77	1,343	17.4
Physical Therapy	53	270	5.1
Spch/Occ/Resp Therapy	25	256	10.2
Medical Social Service	8	16	2.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,403	XXXXX

**TOTAL NUMBER OF ADMISSIONS** 240

**PERCENT ADMISSIONS FROM:**

Private Residences	2.9%
General Hospitals	75.4
Nursing Homes	2.9
Other	18.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 252

**PERCENT DISCHARGES TO:**

Private Residences	79.0%
General Hospitals	9.1
Nursing Homes	4.4
Deaths	2.8
Other	4.8

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 5.9%	Medicare 76.1%
4 to 24 0.8	Medicaid 7.4
25 to 54 10.9	Other Federal 0.4
55 to 64 8.4	State Funds 0.0
65 to 74 20.5	Private Insurance 15.2
75 to 84 28.9	Self Pay 0.0
85 & over 24.7	Other 0.8
	TOTAL PATIENTS 243
Males 41.8%      Females 58.2 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.4%	Digestive Disorders 3.8%
Cancer 7.1	Genitourinary Sys. 2.5
Diabetes 4.2	Preg. & Childbirth 0.0
Diseases of Blood 1.7	Arthropathies 13.8
Dementia/Alzheimers 0.0	Osteopathies 3.3
Psychoses/Neuroses 0.4	Perinatal Period 5.9
Central Nervous Sys. 0.8	Ill-Defined Cond. 4.2
Paralysis/CP 0.0	Fractures 5.9
Cardiovascular 23.8	Wounds, Burns 1.7
Stroke 3.3	Compl. of Surgery 2.1
Respiratory 7.9	Other Conditions 7.1

**REVENUE**

Billings \$	695,368
Disallowances	42,556
Collections	652,812
Other	0
Total	652,812

**EXPENSES**

Total \$	789,718
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**STAFFING**

**FTES**

Administrators	0.1
Reg. Nurse Supervisors	1.5
Registered Nurses	6.5
Licensed Practical Nurses	0.0
Home Health Aides	2.2
Physical Therapists	0.2
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.2
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.6
TOTAL FTES	13.3

**Catalyst, Inc.**

222 North Midvale Boulevard, Suite 3  
 Madison WI 53705 Dane County

**COUNTIES SERVED**

Dane  
 Rock

(608) 238-8119

License Number: 316

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 22

Number of unduplicated patients in 2002 = 31

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	3	60	20.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	57	4,788	84.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,848	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.2%	Medicare 0.0%
4 to 24 96.8	Medicaid 100.0
25 to 54 0.0	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 0.0	Private Insurance 0.0
75 to 84 0.0	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 31

Males 58.1% Females 41.9 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 25.8	Perinatal Period 6.5
Central Nervous Sys. 9.7	Ill-Defined Cond. 3.2
Paralysis/CP 25.8	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 29.0

**TOTAL NUMBER OF ADMISSIONS** 8

**PERCENT ADMISSIONS FROM:**

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 10

**PERCENT DISCHARGES TO:**

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	0.0
Other	0.0

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.1
Registered Nurses	0.2
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	10.7
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTES</b>	<b>12.0</b>

**REVENUE**

Billings \$	540,881
Disallowances	100,767
Collections	440,114
Other	0
<b>Total</b>	<b>440,114</b>

**EXPENSES**

<b>Total \$</b>	<b>446,590</b>
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**Home Health United-VNS**

4801 Hayes Road  
Madison WI 53704

Dane County

(608) 242-1516

License Number: 176

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/5/2002 = 226

Number of unduplicated patients in 2002 = 3,674

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	3,674	43,162	11.7
Home Health Aide	997	26,437	26.5
Physical Therapy	2,001	15,658	7.8
Spch/Occ/Resp Therapy	903	5,446	6.0
Medical Social Service	879	2,043	2.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	8	549	68.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	93,295	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 75.0%
4 to 24 2.2	Medicaid 4.4
25 to 54 11.6	Other Federal 0.2
55 to 64 10.7	State Funds 0.0
65 to 74 19.3	Private Insurance 20.1
75 to 84 31.6	Self Pay 0.3
85 & over 23.6	Other 0.0
	TOTAL PATIENTS 3,706

Males 39.5%	Females 60.5 %	PRIMARY DIAGNOSIS
		Infectious Disorders 0.9%
		Cancer 7.3
		Diabetes 2.7
		Diseases of Blood 0.8
		Dementia/Alzheimers 0.3
		Psychoses/Neuroses 0.7
		Central Nervous Sys. 2.2
		Paralysis/CP 0.6
		Cardiovascular 15.1
		Stroke 3.3
		Respiratory 6.7
		Digestive Disorders 5.2%
		Genitourinary Sys. 2.6
		Preg. & Childbirth 0.1
		Arthropathies 23.4
		Osteopathies 1.4
		Perinatal Period 0.2
		Ill-Defined Cond. 5.4
		Fractures 7.8
		Wounds, Burns 3.8
		Compl. of Surgery 2.4
		Other Conditions 7.1

**COUNTIES SERVED**

Adams  
Columbia  
Dane  
Dodge  
Grant  
Green  
Green Lake  
Iowa  
Jefferson  
Juneau  
Marquette  
Monroe  
Richland  
Rock  
Sauk  
Vernon  
Walworth

**TOTAL NUMBER OF ADMISSIONS** 3,586**PERCENT ADMISSIONS FROM:**

Private Residences	0.1%
General Hospitals	83.5
Nursing Homes	16.3
Other	0.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 3,666

**PERCENT DISCHARGES TO:**

Private Residences	75.8%
General Hospitals	2.9
Nursing Homes	4.7
Deaths	3.7
Other	12.9

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	9.0
Registered Nurses	63.8
Licensed Practical Nurses	2.7
Home Health Aides	29.0
Physical Therapists	13.5
Occupational Therapists	6.9
Speech Pathologists	0.1
Respiratory Therapists	7.0
Medical Social Workers	7.5
Other Therapeutic Staff	1.7
Personal Care Workers	0.0
Homemakers	7.9
Other Staff	48.9
<b>TOTAL FTES</b>	<b>198.9</b>

**REVENUE**

Billings	\$ 11,803,828
Disallowances	1,079,907
Collections	10,723,921
Other	553,236
<b>Total</b>	<b>11,277,157</b>

**EXPENSES**

<b>Total</b>	<b>\$ 10,161,696</b>
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**Independent Health Care, Inc.**

815 Forward Drive

Madison WI 53711

Dane County

**COUNTIES SERVED**

Dane

(608) 274-2097

License Number: 294

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 5

Number of unduplicated patients in 2002 = 117

**TOTAL NUMBER OF ADMISSIONS** 117**PERCENT ADMISSIONS FROM:**

Private Residences	25.6%
General Hospitals	39.3
Nursing Homes	27.4
Other	7.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 119

**PERCENT DISCHARGES TO:**

Private Residences	77.3%
General Hospitals	1.7
Nursing Homes	2.5
Deaths	4.2
Other	14.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	96	1,320	13.8
Home Health Aide	51	936	18.4
Physical Therapy	88	945	10.7
Spch/Occ/Resp Therapy	41	246	6.0
Medical Social Service	13	24	1.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,471	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 95.1%
4 to 24 0.0	Medicaid 0.0
25 to 54 0.9	Other Federal 0.0
55 to 64 1.7	State Funds 0.0
65 to 74 16.2	Private Insurance 1.6
75 to 84 44.4	Self Pay 3.3
85 & over 36.8	Other 0.0
	TOTAL PATIENTS 123

Males 29.1% Females 70.9 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.9%	Digestive Disorders 2.6%
Cancer 3.4	Genitourinary Sys. 6.8
Diabetes 1.7	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 17.1
Dementia/Alzheimers 2.6	Osteopathies 1.7
Psychoses/Neuroses 2.6	Perinatal Period 0.0
Central Nervous Sys. 1.7	Ill-Defined Cond. 11.1
Paralysis/CP 0.0	Fractures 12.0
Cardiovascular 12.0	Wounds, Burns 2.6
Stroke 6.0	Compl. of Surgery 1.7
Respiratory 6.8	Other Conditions 6.8

REVENUE	
Billings \$	428,631
Disallowances	0
Collections	428,631
Other	171
Total	428,802

EXPENSES	
Total \$	415,398

**STAFFING FTES**

Administrators	1.4
Reg. Nurse Supervisors	0.0
Registered Nurses	1.3
Licensed Practical Nurses	0.0
Home Health Aides	0.3
Physical Therapists	0.3
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.3
TOTAL FTES	5.7



**Interim Healthcare of Madison**

702 North Blackhawk Avenue, #215

Madison WI 53705

Dane County

**COUNTIES SERVED**

Dane

(608) 238-0268

License Number: 206

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 31

Number of unduplicated patients in 2002 = 71

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	34	2,568	75.5
Home Health Aide	27	3,371	124.9
Physical Therapy	10	21	2.1
Spch/Occ/Resp Therapy	1	8	8.0
Medical Social Service	0	0	0.0
Private Duty Nursing	4	184	46.0
Personal Care/PC RN Supv.	79	18,376	232.6
Other Home Health Care	24	4,182	174.3
Homemkr & Other Non HH	94	5,281	56.2
TOTAL	XXXXXXX	33,991	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	1.4%	Medicare	5.0%
4 to 24	7.0	Medicaid	29.8
25 to 54	25.4	Other Federal	0.5
55 to 64	9.9	State Funds	15.6
65 to 74	16.9	Private Insurance	5.0
75 to 84	32.4	Self Pay	44.0
85 & over	7.0	Other	0.0
		TOTAL PATIENTS	218
Males	60.6%	Females	39.4 %

PRIMARY DIAGNOSIS			
Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	2.8	Genitourinary Sys.	2.8
Diabetes	9.9	Preg. & Childbirth	0.0
Diseases of Blood	1.4	Arthropathies	1.4
Dementia/Alzheimers	4.2	Osteopathies	0.0
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	4.2	Ill-Defined Cond.	0.0
Paralysis/CP	21.1	Fractures	0.0
Cardiovascular	16.9	Wounds, Burns	0.0
Stroke	5.6	Compl. of Surgery	0.0
Respiratory	8.5	Other Conditions	21.1

**TOTAL NUMBER OF ADMISSIONS** 28**PERCENT ADMISSIONS FROM:**

Private Residences	21.4%
General Hospitals	64.3
Nursing Homes	14.3
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 36

**PERCENT DISCHARGES TO:**

Private Residences	36.1%
General Hospitals	41.7
Nursing Homes	0.0
Deaths	8.3
Other	13.9

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.4
Licensed Practical Nurses	0.5
Home Health Aides	25.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	14.2
Homemakers	5.8
Other Staff	5.0
<b>TOTAL FTES</b>	<b>52.9</b>

**REVENUE**

Billings	\$ 1,787,514
Disallowances	161,612
Collections	1,625,902
Other	0
<b>Total</b>	<b>1,625,902</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,598,178</b>
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**Meriter Home Care Agency**  
2180 West Beltline Highway  
Madison WI 53713

Dane County

(608) 327-3700

License Number: 222  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of patients visited on 12/5/2002 = 50  
Number of unduplicated patients in 2002 = 1,494

#### COUNTIES SERVED

Columbia  
Dane  
Dodge  
Green  
Iowa  
Jefferson  
LaFayette  
Rock  
Sauk  
Waukesha

**TOTAL NUMBER OF ADMISSIONS** 1,507

#### PERCENT ADMISSIONS FROM:

Private Residences	20.1%
General Hospitals	59.7
Nursing Homes	14.3
Other	6.0

#### TOTAL NUMBER OF DISCHARGES

(Including Deaths) 1,484

#### PERCENT DISCHARGES TO:

Private Residences	87.1%
General Hospitals	2.2
Nursing Homes	4.5
Deaths	2.6
Other	3.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,120	11,339	10.1
Home Health Aide	268	4,210	15.7
Physical Therapy	973	6,655	6.8
Spch/Occ/Resp Therapy	366	1,594	4.4
Medical Social Service	181	213	1.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	24,011	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.6%	Medicare 50.6%
4 to 24 1.8	Medicaid 5.8
25 to 54 18.5	Other Federal 0.8
55 to 64 13.6	State Funds 0.0
65 to 74 18.2	Private Insurance 41.8
75 to 84 29.2	Self Pay 0.7
85 & over 17.1	Other 0.3
	TOTAL PATIENTS 2,339

PRIMARY DIAGNOSIS	
Infectious Disorders 1.1%	Digestive Disorders 2.0%
Cancer 5.8	Genitourinary Sys. 2.8
Diabetes 2.9	Preg. & Childbirth 0.7
Diseases of Blood 0.7	Arthropathies 23.0
Dementia/Alzheimers 0.5	Osteopathies 2.1
Psychoses/Neuroses 1.5	Perinatal Period 0.8
Central Nervous Sys. 2.5	Ill-Defined Cond. 3.9
Paralysis/CP 0.7	Fractures 7.5
Cardiovascular 12.1	Wounds, Burns 1.9
Stroke 3.5	Compl. of Surgery 2.9
Respiratory 6.8	Other Conditions 14.1

**REVENUE**

Billings	\$ 2,800,800
Disallowances	-70,938
Collections	2,871,738
Other	63
Total	2,871,801

**EXPENSES**

Total	\$ 2,458,447
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#### STAFFING FTES

Administrators	0.4
Reg. Nurse Supervisors	1.0
Registered Nurses	17.2
Licensed Practical Nurses	0.9
Home Health Aides	5.7
Physical Therapists	7.9
Occupational Therapists	1.6
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	6.0
TOTAL FTES	41.4

**University Hospital Home Health Agency**

2030 Pinehurst Drive

Middleton WI 53562

Dane County

(608) 203-2273

License Number: 252

Ownership of Agency: State

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 51

Number of unduplicated patients in 2002 = 1,115

**COUNTIES SERVED**

Columbia

Dane

Grant

Green

Jefferson

Rock

Sauk

**TOTAL NUMBER OF ADMISSIONS** 1,158**PERCENT ADMISSIONS FROM:**

Private Residences 26.8%

General Hospitals 60.5

Nursing Homes 8.9

Other 3.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,147

**PERCENT DISCHARGES TO:**

Private Residences 82.9%

General Hospitals 4.3

Nursing Homes 2.4

Deaths 1.7

Other 8.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	995	9,497	9.5
Home Health Aide	105	1,189	11.3
Physical Therapy	541	3,034	5.6
Spch/Occ/Resp Therapy	125	379	3.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,099	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.2%	Medicare 50.9%
4 to 24 4.6	Medicaid 7.4
25 to 54 29.7	Other Federal 0.0
55 to 64 15.2	State Funds 0.0
65 to 74 17.2	Private Insurance 36.0
75 to 84 20.6	Self Pay 1.6
85 & over 10.4	Other 4.1
	TOTAL PATIENTS 1,158

Males 41.2%	Females 58.8 %	PRIMARY DIAGNOSIS
Infectious Disorders 2.0%	Digestive Disorders 1.8%	
Cancer 12.4	Genitourinary Sys. 2.8	
Diabetes 4.4	Preg. & Childbirth 0.4	
Diseases of Blood 1.1	Arthropathies 14.6	
Dementia/Alzheimers 0.1	Osteopathies 2.2	
Psychoses/Neuroses 0.7	Perinatal Period 0.2	
Central Nervous Sys. 2.3	Ill-Defined Cond. 7.1	
Paralysis/CP 0.4	Fractures 6.8	
Cardiovascular 9.4	Wounds, Burns 2.5	
Stroke 1.7	Compl. of Surgery 4.0	
Respiratory 5.6	Other Conditions 17.5	

REVENUE	
Billings	\$ 1,630,979
Disallowances	325,902
Collections	1,305,077
Other	0
Total	1,305,077

EXPENSES	
Total	\$ 1,820,713

STAFFING	FTEs
Administrators	0.3
Reg. Nurse Supervisors	1.0
Registered Nurses	13.0
Licensed Practical Nurses	2.5
Home Health Aides	1.5
Physical Therapists	4.0
Occupational Therapists	0.6
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.8
TOTAL FTEs	26.7

**Stoughton Hospital Home Health United**

900 Ridge Street  
Stoughton WI 53589

Dane County

(608) 837-2366

**COUNTIES SERVED**

Dane  
Green  
Jefferson  
Rock

License Number: 341

Ownership of Agency: Nonprofit Association

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 26

Number of unduplicated patients in 2002 = 415

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	415	4,676	11.3
Home Health Aide	142	2,116	14.9
Physical Therapy	281	2,757	9.8
Spch/Occ/Resp Therapy	102	609	6.0
Medical Social Service	77	151	2.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,309	XXXXX

**TOTAL NUMBER OF ADMISSIONS** 433

**PERCENT ADMISSIONS FROM:**

Private Residences	3.5%
General Hospitals	66.7
Nursing Homes	25.6
Other	4.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 418

**PERCENT DISCHARGES TO:**

Private Residences	77.3%
General Hospitals	4.3
Nursing Homes	6.5
Deaths	2.2
Other	9.8

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 79.4%
4 to 24 1.4	Medicaid 1.7
25 to 54 11.3	Other Federal 0.0
55 to 64 7.5	State Funds 0.0
65 to 74 19.3	Private Insurance 18.2
75 to 84 34.9	Self Pay 0.7
85 & over 25.5	Other 0.0
	TOTAL PATIENTS 417

Males 35.7% Females 64.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.2%	Digestive Disorders 4.6%
Cancer 5.8	Genitourinary Sys. 3.4
Diabetes 1.9	Preg. & Childbirth 0.7
Diseases of Blood 2.2	Arthropathies 22.9
Dementia/Alzheimers 0.0	Osteopathies 1.4
Psychoses/Neuroses 0.5	Perinatal Period 0.0
Central Nervous Sys. 1.4	Ill-Defined Cond. 7.2
Paralysis/CP 0.5	Fractures 9.4
Cardiovascular 14.9	Wounds, Burns 2.7
Stroke 2.7	Compl. of Surgery 1.0
Respiratory 7.5	Other Conditions 8.2

**REVENUE**

Billings	\$ 1,317,410
Disallowances	174,866
Collections	1,142,544
Other	0
Total	1,142,544

**EXPENSES**

Total	\$ 960,122
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	5.6
Licensed Practical Nurses	0.4
Home Health Aides	1.7
Physical Therapists	2.4
Occupational Therapists	0.8
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.9
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	15.2

**Hillside Home Health**

709 South University Avenue  
Beaver Dam WI 53916

Dodge County

(920) 887-4050

License Number: 188

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 28

Number of unduplicated patients in 2002 = 590

**COUNTIES SERVED**

Columbia

Dane

Dodge

Fond du Lac

Green

Portage

**TOTAL NUMBER OF ADMISSIONS** 625

**PERCENT ADMISSIONS FROM:**

Private Residences	35.7%
General Hospitals	54.4
Nursing Homes	8.8
Other	1.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 612

**PERCENT DISCHARGES TO:**

Private Residences	84.6%
General Hospitals	3.9
Nursing Homes	4.6
Deaths	3.6
Other	3.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	573	6,307	11.0
Home Health Aide	199	3,151	15.8
Physical Therapy	176	845	4.8
Spch/Occ/Resp Therapy	68	318	4.7
Medical Social Service	12	18	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,639	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 6.4%	Medicare 78.2%
4 to 24 0.7	Medicaid 4.7
25 to 54 8.1	Other Federal 0.5
55 to 64 8.0	State Funds 0.0
65 to 74 17.6	Private Insurance 16.2
75 to 84 36.6	Self Pay 0.3
85 & over 22.5	Other 0.0
	TOTAL PATIENTS 593

Males 43.9% Females 56.1 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.0%	Digestive Disorders 5.4%
Cancer 10.2	Genitourinary Sys. 3.7
Diabetes 4.6	Preg. & Childbirth 0.0
Diseases of Blood 1.0	Arthropathies 13.1
Dementia/Alzheimers 0.5	Osteopathies 2.7
Psychoses/Neuroses 0.5	Perinatal Period 6.1
Central Nervous Sys. 2.9	Ill-Defined Cond. 3.1
Paralysis/CP 0.3	Fractures 8.8
Cardiovascular 16.1	Wounds, Burns 1.9
Stroke 2.5	Compl. of Surgery 2.0
Respiratory 8.8	Other Conditions 4.7

**REVENUE**

Billings	\$ 1,137,523
Disallowances	-62,183
Collections	1,199,706
Other	0
Total	1,199,706

**EXPENSES**

Total	\$ 1,185,805
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.3
Registered Nurses	5.8
Licensed Practical Nurses	0.0
Home Health Aides	2.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.7
TOTAL FTES	14.6

**Marquardt Memorial Manor Inc.**

1020 Hill Street  
Watertown WI 53098

Dodge County

**COUNTIES SERVED**

Dodge  
Jefferson

(920) 261-7108

License Number: 134

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 17

Number of unduplicated patients in 2002 = 162

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	108	2,020	18.7
Home Health Aide	64	1,055	16.5
Physical Therapy	27	236	8.7
Spch/Occ/Resp Therapy	18	170	9.4
Medical Social Service	2	52	26.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	60	2,733	45.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	13	72	5.5
TOTAL	XXXXXXX	6,338	XXXXX

**TOTAL NUMBER OF ADMISSIONS** 148

**PERCENT ADMISSIONS FROM:**

Private Residences	20.3%
General Hospitals	15.5
Nursing Homes	1.4
Other	62.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 144

**PERCENT DISCHARGES TO:**

Private Residences	84.0%
General Hospitals	3.5
Nursing Homes	8.3
Deaths	1.4
Other	2.8

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	69.5%
4 to 24	0.0	Medicaid	14.0
25 to 54	3.1	Other Federal	0.0
55 to 64	4.9	State Funds	2.0
65 to 74	10.5	Private Insurance	2.0
75 to 84	32.7	Self Pay	12.5
85 & over	48.8	Other	0.0
		TOTAL PATIENTS	200

Males 21.0% Females 79.0 %

PRIMARY DIAGNOSIS			
Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	6.2	Genitourinary Sys.	4.3
Diabetes	3.7	Preg. & Childbirth	0.0
Diseases of Blood	4.9	Arthropathies	9.9
Dementia/Alzheimers	3.1	Osteopathies	4.3
Psychoses/Neuroses	0.6	Perinatal Period	0.0
Central Nervous Sys.	0.6	Ill-Defined Cond.	13.0
Paralysis/CP	2.5	Fractures	7.4
Cardiovascular	19.8	Wounds, Burns	3.1
Stroke	6.2	Compl. of Surgery	0.0
Respiratory	3.7	Other Conditions	6.8

**REVENUE**

Billings	\$	387,576
Disallowances		58,979
Collections		328,597
Other		4,635
Total		333,232

**EXPENSES**

Total	\$	379,356
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.4
Licensed Practical Nurses	0.0
Home Health Aides	2.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.1
TOTAL FTES	8.3

**Watertown Memorial Hospital Home Health Program**

125 Hospital Drive  
Watertown WI 53098

Dodge County

**COUNTIES SERVED**

Dodge  
Jefferson  
Waukesha

(920) 262-4262

License Number: 165

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 30

Number of unduplicated patients in 2002 = 288

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	272	1,883	6.9
Home Health Aide	79	898	11.4
Physical Therapy	113	1,008	8.9
Spch/Occ/Resp Therapy	37	228	6.2
Medical Social Service	2	2	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	124	7,932	64.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	11	1,484	134.9
TOTAL	XXXXXXX	13,435	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.8%	Medicare 64.3%
4 to 24 2.4	Medicaid 9.6
25 to 54 12.5	Other Federal 0.0
55 to 64 8.7	State Funds 0.0
65 to 74 20.5	Private Insurance 17.7
75 to 84 31.9	Self Pay 8.4
85 & over 20.1	Other 0.0
	TOTAL PATIENTS 356
Males 46.2% Females 53.8 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.7%	Digestive Disorders 3.5%
Cancer 6.9	Genitourinary Sys. 2.1
Diabetes 5.6	Preg. & Childbirth 0.0
Diseases of Blood 1.0	Arthropathies 5.9
Dementia/Alzheimers 0.0	Osteopathies 1.0
Psychoses/Neuroses 0.7	Perinatal Period 2.4
Central Nervous Sys. 1.7	Ill-Defined Cond. 14.6
Paralysis/CP 1.4	Fractures 7.6
Cardiovascular 20.8	Wounds, Burns 0.3
Stroke 6.3	Compl. of Surgery 6.3
Respiratory 5.6	Other Conditions 4.5

**TOTAL NUMBER OF ADMISSIONS** 279

**PERCENT ADMISSIONS FROM:**

Private Residences	22.6%
General Hospitals	62.7
Nursing Homes	10.8
Other	3.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 286

**PERCENT DISCHARGES TO:**

Private Residences	86.0%
General Hospitals	3.8
Nursing Homes	2.4
Deaths	2.1
Other	5.6

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.6
Licensed Practical Nurses	0.0
Home Health Aides	2.0
Physical Therapists	1.0
Occupational Therapists	0.1
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	2.6
Homemakers	1.5
Other Staff	1.0
<b>TOTAL FTES</b>	<b>14.0</b>

**REVENUE**

Billings \$	681,034
Disallowances	-40,270
Collections	721,304
Other	0
<b>Total</b>	<b>721,304</b>

**EXPENSES**

<b>Total \$</b>	<b>783,268</b>
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**Door County Memorial Home Health**

1300 Egg Harbor Road #110

Sturgeon Bay WI 54235

Door County

**COUNTIES SERVED**

Door

Kewaunee

(920) 743-7983

License Number: 187

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 24

Number of unduplicated patients in 2002 = 269

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	251	3,346	13.3
Home Health Aide	95	2,421	25.5
Physical Therapy	105	710	6.8
Spch/Occ/Resp Therapy	52	202	3.9
Medical Social Service	23	35	1.5
Private Duty Nursing	5	9	1.8
Personal Care/PC RN Supv.	41	2,379	58.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	9,102	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 69.4%
4 to 24 1.1	Medicaid 7.6
25 to 54 7.4	Other Federal 0.0
55 to 64 6.7	State Funds 0.0
65 to 74 24.9	Private Insurance 23.0
75 to 84 42.4	Self Pay 0.0
85 & over 17.5	Other 0.0
	TOTAL PATIENTS 317

Males 40.5% Females 59.5 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.7%	Digestive Disorders 4.5%
Cancer 11.2	Genitourinary Sys. 2.2
Diabetes 5.9	Preg. & Childbirth 0.4
Diseases of Blood 2.2	Arthropathies 14.9
Dementia/Alzheimers 0.7	Osteopathies 1.5
Psychoses/Neuroses 1.1	Perinatal Period 0.0
Central Nervous Sys. 2.2	Ill-Defined Cond. 5.2
Paralysis/CP 1.1	Fractures 4.5
Cardiovascular 19.3	Wounds, Burns 2.6
Stroke 2.6	Compl. of Surgery 3.7
Respiratory 7.4	Other Conditions 5.9

**TOTAL NUMBER OF ADMISSIONS** 265**PERCENT ADMISSIONS FROM:**

Private Residences	1.1%
General Hospitals	8.7
Nursing Homes	1.1
Other	89.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 260

**PERCENT DISCHARGES TO:**

Private Residences	76.5%
General Hospitals	1.9
Nursing Homes	3.5
Deaths	1.9
Other	16.2

**STAFFING****FTES**

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	4.4
Licensed Practical Nurses	0.0
Home Health Aides	2.2
Physical Therapists	0.4
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.6
Homemakers	0.0
Other Staff	2.5
<b>TOTAL FTES</b>	<b>13.7</b>

**REVENUE**

Billings \$	856,462
Disallowances	103,672
Collections	752,790
Other	29
<b>Total</b>	<b>752,819</b>

**EXPENSES**

<b>Total \$</b>	<b>899,638</b>
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**Douglas County Health Department**

1313 Belknap Street

Superior WI 54880

Douglas County

**COUNTIES SERVED**

Dodge

(715) 395-1601

License Number: 50

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 21

Number of unduplicated patients in 2002 = 275

**TOTAL NUMBER OF ADMISSIONS** 267**PERCENT ADMISSIONS FROM:**

Private Residences	3.4%
General Hospitals	44.9
Nursing Homes	24.3
Other	27.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 256

**PERCENT DISCHARGES TO:**

Private Residences	85.2%
General Hospitals	9.4
Nursing Homes	2.3
Deaths	0.8
Other	2.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	275	2,883	10.5
Home Health Aide	106	1,090	10.3
Physical Therapy	136	979	7.2
Spch/Occ/Resp Therapy	82	328	4.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,280	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.4%	Medicare 68.7%
4 to 24 0.0	Medicaid 18.9
25 to 54 2.5	Other Federal 5.5
55 to 64 9.5	State Funds 0.0
65 to 74 18.5	Private Insurance 5.8
75 to 84 45.8	Self Pay 1.1
85 & over 23.3	Other 0.0
	TOTAL PATIENTS 275

Males 40.4% Females 59.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.7%	Digestive Disorders 6.2%
Cancer 2.5	Genitourinary Sys. 2.9
Diabetes 2.5	Preg. & Childbirth 0.0
Diseases of Blood 8.4	Arthropathies 5.5
Dementia/Alzheimers 1.5	Osteopathies 1.1
Psychoses/Neuroses 7.3	Perinatal Period 0.4
Central Nervous Sys. 0.0	Ill-Defined Cond. 6.9
Paralysis/CP 0.7	Fractures 5.5
Cardiovascular 28.0	Wounds, Burns 2.2
Stroke 2.5	Compl. of Surgery 0.4
Respiratory 11.3	Other Conditions 3.6

**REVENUE**

Billings \$	856,936
Disallowances	210,171
Collections	646,765
Other	70
Total	646,835

**EXPENSES**

Total \$	814,431
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.3
Licensed Practical Nurses	0.0
Home Health Aides	2.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	11.9

**The Dove, Inc.**

1416 Cumming Avenue, Suite 2B  
Superior WI 54880

Douglas County

**COUNTIES SERVED**

Douglas

(715) 392-3133

License Number: 172

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 45

Number of unduplicated patients in 2002 = 135

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	82	1,978	24.1
Home Health Aide	16	951	59.4
Physical Therapy	35	225	6.4
Spch/Occ/Resp Therapy	11	59	5.4
Medical Social Service	0	0	0.0
Private Duty Nursing	2	1,532	766.0
Personal Care/PC RN Supv.	99	10,964	110.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	9	686	76.2
TOTAL	XXXXXXX	16,395	XXXXX

**TOTAL NUMBER OF ADMISSIONS** 81

**PERCENT ADMISSIONS FROM:**

Private Residences	11.1%
General Hospitals	53.1
Nursing Homes	12.3
Other	23.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 101

**PERCENT DISCHARGES TO:**

Private Residences	52.5%
General Hospitals	28.7
Nursing Homes	11.9
Deaths	3.0
Other	4.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 27.3%
4 to 24 6.7	Medicaid 55.2
25 to 54 22.2	Other Federal 5.8
55 to 64 9.6	State Funds 7.1
65 to 74 22.2	Private Insurance 2.6
75 to 84 24.4	Self Pay 1.9
85 & over 14.8	Other 0.0
	TOTAL PATIENTS 154

Males 30.4% Females 69.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.7
Diabetes 9.6	Preg. & Childbirth 0.0
Diseases of Blood 1.5	Arthropathies 6.7
Dementia/Alzheimers 5.9	Osteopathies 1.5
Psychoses/Neuroses 14.1	Perinatal Period 0.0
Central Nervous Sys. 8.9	Ill-Defined Cond. 2.2
Paralysis/CP 3.0	Fractures 3.0
Cardiovascular 11.9	Wounds, Burns 4.4
Stroke 8.1	Compl. of Surgery 0.0
Respiratory 5.2	Other Conditions 13.3

**REVENUE**

Billings \$	895,105
Disallowances	63,214
Collections	831,891
Other	0
Total	831,891

**EXPENSES**

Total \$	931,023
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**STAFFING****FTES**

Administrators	0.3
Reg. Nurse Supervisors	2.0
Registered Nurses	5.1
Licensed Practical Nurses	1.7
Home Health Aides	1.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	13.4
Homemakers	0.0
Other Staff	3.4
TOTAL FTES	27.0

**Aurora Community Health, Inc.**

406 Technology Drive, E, #B

Menomonie WI 54751

Dunn County

(715) 235-4667

License Number: 310

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 97

Number of unduplicated patients in 2002 = 113

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	9	234	26.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	220	80,077	364.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	80,311	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 8.8	Medicaid 99.1
25 to 54 70.8	Other Federal 0.0
55 to 64 11.5	State Funds 0.0
65 to 74 7.1	Private Insurance 0.0
75 to 84 0.9	Self Pay 0.9
85 & over 0.9	Other 0.0
	TOTAL PATIENTS 113

Males 58.4% Females 41.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.9	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.9	Osteopathies 0.0
Psychoses/Neuroses 1.8	Perinatal Period 0.0
Central Nervous Sys. 0.9	Ill-Defined Cond. 0.0
Paralysis/CP 17.7	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 1.8	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 76.1

**COUNTIES SERVED**

Barron  
Burnett  
Clark  
Dunn  
Eau Claire  
Jackson  
Marathon  
Pierce  
Polk  
Rusk  
St. Croix  
Taylor  
Trempealeau  
Washburn

**TOTAL NUMBER OF ADMISSIONS** 14**PERCENT ADMISSIONS FROM:**

Private Residences	28.6%
General Hospitals	0.0
Nursing Homes	21.4
Other	50.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 17

**PERCENT DISCHARGES TO:**

Private Residences	17.6%
General Hospitals	0.0
Nursing Homes	23.5
Deaths	11.8
Other	47.1

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	0.5
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.3
<b>TOTAL FTES</b>	<b>4.8</b>

**REVENUE**

Billings	\$ 2,783,252
Disallowances	0
Collections	2,783,252
Other	0
<b>Total</b>	<b>2,783,252</b>

**EXPENSES**

<b>Total</b>	<b>\$ 2,783,270</b>
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**Dunn County Home Health Care**

800 Wilson Avenue  
Menomonie WI 54751

Dunn County

**COUNTIES SERVED**

Dunn

(715) 232-1518

License Number: 51

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 9

Number of unduplicated patients in 2002 = 174

**TOTAL NUMBER OF ADMISSIONS** 153**PERCENT ADMISSIONS FROM:**

Private Residences	32.0%
General Hospitals	41.2
Nursing Homes	26.1
Other	0.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 146

**PERCENT DISCHARGES TO:**

Private Residences	71.2%
General Hospitals	2.1
Nursing Homes	14.4
Deaths	2.1
Other	10.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	174	2,889	16.6
Home Health Aide	47	966	20.6
Physical Therapy	33	177	5.4
Spch/Occ/Resp Therapy	11	133	12.1
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,165	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.7%	Medicare 55.1%
4 to 24 4.0	Medicaid 20.2
25 to 54 16.1	Other Federal 3.4
55 to 64 9.2	State Funds 0.6
65 to 74 18.4	Private Insurance 12.9
75 to 84 27.6	Self Pay 3.9
85 & over 23.0	Other 3.9
	TOTAL PATIENTS 178

Males 38.5% Females 61.5 %

PRIMARY DIAGNOSIS	
Infectious Disorders 2.3%	Digestive Disorders 3.4%
Cancer 3.4	Genitourinary Sys. 5.2
Diabetes 10.3	Preg. & Childbirth 1.7
Diseases of Blood 0.0	Arthropathies 7.5
Dementia/Alzheimers 1.1	Osteopathies 1.7
Psychoses/Neuroses 0.6	Perinatal Period 1.1
Central Nervous Sys. 0.6	Ill-Defined Cond. 4.0
Paralysis/CP 0.6	Fractures 6.9
Cardiovascular 16.1	Wounds, Burns 1.7
Stroke 4.0	Compl. of Surgery 2.3
Respiratory 8.6	Other Conditions 16.7

REVENUE	
Billings \$	430,286
Disallowances	34,996
Collections	395,290
Other	74,959
Total	470,249

EXPENSES	
Total \$	450,592

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.9
Licensed Practical Nurses	0.4
Home Health Aides	0.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.2
TOTAL FTES	9.5

**Gentiva Health Services**

392 Red Cedar Street, Suite 4  
Menomonie WI 54751

Dunn County

(715) 235-0180

License Number: 211

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 34

Number of unduplicated patients in 2002 = 93

**COUNTIES SERVED**

Barron  
Buffalo  
Chippewa  
Dunn  
Eau Claire  
Pierce  
Polk  
St. Croix  
Trempealeau

**TOTAL NUMBER OF ADMISSIONS** 62

**PERCENT ADMISSIONS FROM:**

Private Residences	50.0%
General Hospitals	24.2
Nursing Homes	0.0
Other	25.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 64

**PERCENT DISCHARGES TO:**

Private Residences	96.9%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	3.1
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	86	1,129	13.1
Home Health Aide	5	257	51.4
Physical Therapy	4	14	3.5
Spch/Occ/Resp Therapy	2	11	5.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	40	12,292	307.3
Other Home Health Care	2	3	1.5
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,706	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.3%	Medicare 12.4%
4 to 24 19.4	Medicaid 28.3
25 to 54 25.8	Other Federal 0.0
55 to 64 15.1	State Funds 0.0
65 to 74 5.4	Private Insurance 50.4
75 to 84 20.4	Self Pay 8.8
85 & over 9.7	Other 0.0
	TOTAL PATIENTS 113

Males 43.0% Females 57.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.1%	Digestive Disorders 2.2%
Cancer 4.3	Genitourinary Sys. 1.1
Diabetes 4.3	Preg. & Childbirth 7.5
Diseases of Blood 0.0	Arthropathies 1.1
Dementia/Alzheimers 2.2	Osteopathies 0.0
Psychoses/Neuroses 1.1	Perinatal Period 1.1
Central Nervous Sys. 17.2	Ill-Defined Cond. 5.4
Paralysis/CP 0.0	Fractures 3.2
Cardiovascular 18.3	Wounds, Burns 4.3
Stroke 0.0	Compl. of Surgery 2.2
Respiratory 1.1	Other Conditions 22.6

**REVENUE**

Billings \$	973,759
Disallowances	218,356
Collections	755,403
Other	0
Total	755,403

**EXPENSES**

Total \$	750,152
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**STAFFING****FTES**

Administrators	0.9
Reg. Nurse Supervisors	0.9
Registered Nurses	4.9
Licensed Practical Nurses	3.9
Home Health Aides	8.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.8
TOTAL FTES	20.3

**Gentiva Health Services**

392 Red Cedar Street, Suite 4  
Menomonie WI 54751

Dunn County

(715) 235-8077

License Number: 286

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 4

Number of unduplicated patients in 2002 = 28

**COUNTIES SERVED**

Barron  
Chippewa  
Dunn  
Eau Claire  
Pierce  
St. Croix

**TOTAL NUMBER OF ADMISSIONS** 8

**PERCENT ADMISSIONS FROM:**

Private Residences	87.5%
General Hospitals	0.0
Nursing Homes	0.0
Other	12.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 7

**PERCENT DISCHARGES TO:**

Private Residences	85.7%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	14.3
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	16	1,651	103.2
Home Health Aide	3	143	47.7
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	14	2,285	163.2
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,079	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 7.1%	Medicare 0.0%
4 to 24 39.3	Medicaid 0.0
25 to 54 21.4	Other Federal 0.0
55 to 64 10.7	State Funds 0.0
65 to 74 0.0	Private Insurance 78.6
75 to 84 10.7	Self Pay 21.4
85 & over 10.7	Other 0.0
	TOTAL PATIENTS 28

Males 42.9% Females 57.1 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 3.6	Osteopathies 0.0
Psychoses/Neuroses 3.6	Perinatal Period 0.0
Central Nervous Sys. 35.7	Ill-Defined Cond. 10.7
Paralysis/CP 0.0	Fractures 3.6
Cardiovascular 14.3	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 3.6
Respiratory 3.6	Other Conditions 21.4

**REVENUE**

Billings \$	40,910
Disallowances	234
Collections	40,676
Other	0
Total	40,676

**EXPENSES**

Total \$	39,123
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**STAFFING****FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.1
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.3
TOTAL FTES	0.7

**Lifenet, LLC**

800 Wisconsin Street, #305

Eau Claire WI 54703

Eau Claire County

(715) 835-4111

License Number: 335

Ownership of Agency: Limited Liability Company

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 66

Number of unduplicated patients in 2002 = 235

**COUNTIES SERVED**

Chippewa

Clark

Eau Claire

Jackson

Marathon

Monroe

Taylor

Trempealeau

Wood

**TOTAL NUMBER OF ADMISSIONS** 142**PERCENT ADMISSIONS FROM:**

Private Residences 16.9%

General Hospitals 7.0

Nursing Homes 11.3

Other 64.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 137

**PERCENT DISCHARGES TO:**

Private Residences 21.2%

General Hospitals 18.2

Nursing Homes 22.6

Deaths 18.2

Other 19.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	6	130	21.7
Home Health Aide	1	67	67.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	470	26,349	56.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	26,546	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.3%	Medicare 0.0%
4 to 24 11.5	Medicaid 98.7
25 to 54 23.0	Other Federal 0.0
55 to 64 12.8	State Funds 0.0
65 to 74 14.9	Private Insurance 1.3
75 to 84 20.0	Self Pay 0.0
85 & over 16.6	Other 0.0
	TOTAL PATIENTS 235

Males 51.5% Females 48.5 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.4%	Digestive Disorders 0.4%
Cancer 1.3	Genitourinary Sys. 1.7
Diabetes 0.4	Preg. & Childbirth 0.4
Diseases of Blood 0.4	Arthropathies 11.9
Dementia/Alzheimers 2.6	Osteopathies 3.0
Psychoses/Neuroses 4.3	Perinatal Period 0.0
Central Nervous Sys. 6.8	Ill-Defined Cond. 0.9
Paralysis/CP 8.5	Fractures 0.9
Cardiovascular 11.5	Wounds, Burns 1.3
Stroke 6.0	Compl. of Surgery 1.3
Respiratory 4.3	Other Conditions 31.9

REVENUE	
Billings \$	1,021,718
Disallowances	0
Collections	1,021,718
Other	0
Total	1,021,718

EXPENSES	
Total \$	914,705

**STAFFING FTES**

Administrators 1.0

Reg. Nurse Supervisors 1.0

Registered Nurses 1.6

Licensed Practical Nurses 0.0

Home Health Aides 0.0

Physical Therapists 0.0

Occupational Therapists 0.0

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 43.4

Homemakers 0.0

Other Staff 9.0

TOTAL FTES 56.0

**Mission Home Health - Lutheran Social Services**

1101 West Clairemont Avenue

Eau Claire WI 54701

Eau Claire County

(715) 855-5043

**COUNTIES SERVED**

Chippewa

Clark

Eau Claire

Jackson

Monroe

License Number: 1010

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 87

Number of unduplicated patients in 2002 = 102

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	6	188	31.3
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	204	72,917	357.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	73,105	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 12.7	Medicaid 100.0
25 to 54 59.8	Other Federal 0.0
55 to 64 15.7	State Funds 0.0
65 to 74 8.8	Private Insurance 0.0
75 to 84 1.0	Self Pay 0.0
85 & over 2.0	Other 0.0
	TOTAL PATIENTS 102

Males 52.0% Females 48.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 1.0	Genitourinary Sys. 1.0
Diabetes 2.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 1.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 8.8	Perinatal Period 1.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 7.8	Fractures 1.0
Cardiovascular 2.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 1.0	Other Conditions 73.5

**TOTAL NUMBER OF ADMISSIONS** 21**PERCENT ADMISSIONS FROM:**

Private Residences	76.2%
General Hospitals	0.0
Nursing Homes	4.8
Other	19.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 17

**PERCENT DISCHARGES TO:**

Private Residences	29.4%
General Hospitals	11.8
Nursing Homes	0.0
Deaths	17.6
Other	41.2

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.0
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	72.1
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTES</b>	<b>78.1</b>

**REVENUE**

Billings	\$ 2,475,129
Disallowances	318,653
Collections	2,156,476
Other	0
<b>Total</b>	<b>2,156,476</b>

**EXPENSES**

<b>Total</b>	<b>\$ 2,423,933</b>
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**Northwest Wisconsin Homecare Inc.**

2620 Stein Boulevard, Box 2060

Eau Claire WI 54702

Eau Claire County

(715) 831-0100

License Number: 127

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/5/2002 = 58

Number of unduplicated patients in 2002 = 780

**COUNTIES SERVED**

Barron

Buffalo

Chippewa

Dunn

Eau Claire

Jackson

Pepin

Pierce

Rusk

St. Croix

Trempealeau

**TOTAL NUMBER OF ADMISSIONS** 701**PERCENT ADMISSIONS FROM:**

Private Residences 37.9%

General Hospitals 46.6

Nursing Homes 14.7

Other 0.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 701

**PERCENT DISCHARGES TO:**

Private Residences 74.0%

General Hospitals 2.7

Nursing Homes 9.8

Deaths 3.1

Other 10.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	726	9,231	12.7
Home Health Aide	268	10,107	37.7
Physical Therapy	294	1,214	4.1
Spch/Occ/Resp Therapy	101	290	2.9
Medical Social Service	68	150	2.2
Private Duty Nursing	16	3,606	225.4
Personal Care/PC RN Supv.	124	4,201	33.9
Other Home Health Care	7	12	1.7
Homemkr & Other Non HH	174	5,817	33.4
TOTAL	XXXXXXX	34,628	XXXXXX

**AGE AND SEX OF PATIENTS**

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.2%	Medicare 66.7%
4 to 24 4.5	Medicaid 10.3
25 to 54 11.0	Other Federal 1.6
55 to 64 10.0	State Funds 0.3
65 to 74 16.8	Private Insurance 14.7
75 to 84 33.1	Self Pay 6.5
85 & over 23.5	Other 0.0
	TOTAL PATIENTS 790

Males 39.6% Females 60.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.2%	Digestive Disorders 1.0%
Cancer 6.8	Genitourinary Sys. 2.2
Diabetes 5.0	Preg. & Childbirth 0.1
Diseases of Blood 1.8	Arthropathies 10.6
Dementia/Alzheimers 0.8	Osteopathies 1.2
Psychoses/Neuroses 0.1	Perinatal Period 0.4
Central Nervous Sys. 2.2	Ill-Defined Cond. 7.3
Paralysis/CP 1.7	Fractures 7.3
Cardiovascular 14.5	Wounds, Burns 1.3
Stroke 1.4	Compl. of Surgery 3.6
Respiratory 8.5	Other Conditions 21.2

**REVENUE**

Billings \$	3,502,130
Disallowances	664,969
Collections	2,837,161
Other	144
Total	2,837,305

**EXPENSES**

Total \$	3,215,606
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	8.0
Registered Nurses	24.6
Licensed Practical Nurses	5.1
Home Health Aides	16.1
Physical Therapists	3.2
Occupational Therapists	0.4
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	7.3
Other Therapeutic Staff	3.0
Personal Care Workers	2.1
Homemakers	8.8
Other Staff	18.6
TOTAL FTES	98.2

**Fond du Lac County Home Health Service**

160 South Macy Street

Fond du Lac WI 54935

Fond du Lac County

**COUNTIES SERVED**

Fond du Lac

(920) 929-3085

License Number: 54

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 41

Number of unduplicated patients in 2002 = 234

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	107	2,526	23.6
Home Health Aide	57	2,983	52.3
Physical Therapy	20	159	8.0
Spch/Occ/Resp Therapy	6	37	6.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	240	7,229	30.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	12,934	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.8%	Medicare 27.2%
4 to 24 1.7	Medicaid 8.0
25 to 54 10.3	Other Federal 23.6
55 to 64 11.5	State Funds 34.4
65 to 74 21.4	Private Insurance 2.8
75 to 84 29.9	Self Pay 3.6
85 & over 21.4	Other 0.4
	TOTAL PATIENTS 250

Males 35.9% Females 64.1 %

PRIMARY DIAGNOSIS	
Infectious Disorders 3.4%	Digestive Disorders 0.9%
Cancer 2.6	Genitourinary Sys. 2.6
Diabetes 6.8	Preg. & Childbirth 0.0
Diseases of Blood 1.7	Arthropathies 17.1
Dementia/Alzheimers 1.3	Osteopathies 0.4
Psychoses/Neuroses 3.8	Perinatal Period 0.4
Central Nervous Sys. 4.3	Ill-Defined Cond. 5.6
Paralysis/CP 2.1	Fractures 5.6
Cardiovascular 12.4	Wounds, Burns 6.8
Stroke 5.6	Compl. of Surgery 0.0
Respiratory 6.4	Other Conditions 10.3

**TOTAL NUMBER OF ADMISSIONS** 154**PERCENT ADMISSIONS FROM:**

Private Residences	55.8%
General Hospitals	35.1
Nursing Homes	6.5
Other	2.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 169

**PERCENT DISCHARGES TO:**

Private Residences	59.2%
General Hospitals	20.1
Nursing Homes	8.3
Deaths	3.0
Other	9.5

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.7
Registered Nurses	18.0
Licensed Practical Nurses	0.0
Home Health Aides	3.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.3
Homemakers	0.0
Other Staff	9.9
<b>TOTAL FTES</b>	<b>39.4</b>

**REVENUE**

Billings \$	864,732
Disallowances	134,885
Collections	729,847
Other	14,620
<b>Total</b>	<b>744,467</b>

**EXPENSES**

<b>Total</b>	<b>\$ 890,429</b>
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**St. Agnes Hospital-Home Care Services**

239 Trowbridge Drive

Fond du Lac WI 54936

Fond du Lac County

(920) 923-7950

License Number: 55

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 28

Number of unduplicated patients in 2002 = 730

**COUNTIES SERVED**

Columbia

Dodge

Fond du Lac

Green Lake

Sheboygan

Washington

Winnebago

**TOTAL NUMBER OF ADMISSIONS** 670**PERCENT ADMISSIONS FROM:**

Private Residences 10.4%

General Hospitals 80.6

Nursing Homes 4.9

Other 4.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 650

**PERCENT DISCHARGES TO:**

Private Residences 77.5%

General Hospitals 2.0

Nursing Homes 5.1

Deaths 3.8

Other 11.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	583	5,383	9.2
Home Health Aide	109	2,008	18.4
Physical Therapy	207	1,890	9.1
Spch/Occ/Resp Therapy	85	863	10.2
Medical Social Service	98	118	1.2
Private Duty Nursing	6	1,857	309.5
Personal Care/PC RN Supv.	141	11,359	80.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	37	1,868	50.5
TOTAL	XXXXXXX	25,346	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.7%	Medicare 58.0%
4 to 24 4.4	Medicaid 6.2
25 to 54 16.4	Other Federal 0.0
55 to 64 9.2	State Funds 9.4
65 to 74 13.6	Private Insurance 22.1
75 to 84 27.8	Self Pay 4.2
85 & over 24.0	Other 0.0
	TOTAL PATIENTS 741

Males 39.9% Females 60.1 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.8%	Digestive Disorders 4.5%
Cancer 9.2	Genitourinary Sys. 2.3
Diabetes 2.9	Preg. & Childbirth 0.1
Diseases of Blood 1.5	Arthropathies 9.3
Dementia/Alzheimers 0.0	Osteopathies 2.1
Psychoses/Neuroses 0.3	Perinatal Period 3.7
Central Nervous Sys. 2.2	Ill-Defined Cond. 10.1
Paralysis/CP 1.0	Fractures 7.3
Cardiovascular 14.8	Wounds, Burns 1.2
Stroke 2.6	Compl. of Surgery 3.3
Respiratory 6.3	Other Conditions 13.6

REVENUE	
Billings \$	3,133,528
Disallowances	1,050,823
Collections	2,082,705
Other	168
Total	2,082,873

EXPENSES	
Total \$	2,668,444

**STAFFING FTES**

Administrators 1.0

Reg. Nurse Supervisors 2.6

Registered Nurses 13.6

Licensed Practical Nurses 6.7

Home Health Aides 5.1

Physical Therapists 2.4

Occupational Therapists 0.0

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.6

Other Therapeutic Staff 0.0

Personal Care Workers 9.7

Homemakers 3.5

Other Staff 4.0

TOTAL FTES 49.2

**Forest County Health Department**

200 East Madison, Courthouse

Crandon WI 54520

Forest County

**COUNTIES SERVED**

Forest

(715) 478-3371

License Number: 56

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 10

Number of unduplicated patients in 2002 = 72

**TOTAL NUMBER OF ADMISSIONS** 67**PERCENT ADMISSIONS FROM:**

Private Residences	22.4%
General Hospitals	41.8
Nursing Homes	9.0
Other	26.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 63

**PERCENT DISCHARGES TO:**

Private Residences	54.0%
General Hospitals	3.2
Nursing Homes	14.3
Deaths	3.2
Other	25.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	51	927	18.2
Home Health Aide	14	238	17.0
Physical Therapy	17	219	12.9
Spch/Occ/Resp Therapy	5	40	8.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	25	777	31.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,201	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.8%	Medicare 36.0%
4 to 24 4.2	Medicaid 34.7
25 to 54 5.6	Other Federal 0.0
55 to 64 9.7	State Funds 0.0
65 to 74 22.2	Private Insurance 16.0
75 to 84 33.3	Self Pay 13.3
85 & over 22.2	Other 0.0
	TOTAL PATIENTS 75

Males 37.5% Females 62.5 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.4%	Digestive Disorders 2.8%
Cancer 5.6	Genitourinary Sys. 1.4
Diabetes 2.8	Preg. & Childbirth 0.0
Diseases of Blood 2.8	Arthropathies 15.3
Dementia/Alzheimers 1.4	Osteopathies 1.4
Psychoses/Neuroses 4.2	Perinatal Period 2.8
Central Nervous Sys. 0.0	Ill-Defined Cond. 8.3
Paralysis/CP 1.4	Fractures 6.9
Cardiovascular 26.4	Wounds, Burns 0.0
Stroke 2.8	Compl. of Surgery 4.2
Respiratory 0.0	Other Conditions 8.3

**REVENUE**

Billings \$	210,097
Disallowances	17,731
Collections	192,366
Other	0
Total	192,366

**EXPENSES**

Total \$	184,721
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.5
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	3.7

**Grant County Home Nursing Services**

111 South Jefferson Street

Lancaster WI 53813

Grant County

**COUNTIES SERVED**

Grant

(608) 723-6416

License Number: 57

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 9

Number of unduplicated patients in 2002 = 263

**TOTAL NUMBER OF ADMISSIONS** 239**PERCENT ADMISSIONS FROM:**

Private Residences	23.8%
General Hospitals	60.7
Nursing Homes	12.6
Other	2.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 246

**PERCENT DISCHARGES TO:**

Private Residences	65.4%
General Hospitals	16.7
Nursing Homes	8.1
Deaths	1.6
Other	8.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	246	2,438	9.9
Home Health Aide	47	390	8.3
Physical Therapy	89	644	7.2
Spch/Occ/Resp Therapy	18	86	4.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	80	2,154	26.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,712	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.8%	Medicare 46.8%
4 to 24 1.9	Medicaid 20.1
25 to 54 12.5	Other Federal 0.7
55 to 64 10.3	State Funds 0.0
65 to 74 24.0	Private Insurance 16.2
75 to 84 31.2	Self Pay 16.2
85 & over 19.4	Other 0.0
	TOTAL PATIENTS 284

Males 47.9% Females 52.1 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.1%	Digestive Disorders 3.4%
Cancer 6.1	Genitourinary Sys. 3.0
Diabetes 5.3	Preg. & Childbirth 0.8
Diseases of Blood 1.1	Arthropathies 25.1
Dementia/Alzheimers 1.5	Osteopathies 1.5
Psychoses/Neuroses 1.5	Perinatal Period 0.0
Central Nervous Sys. 1.9	Ill-Defined Cond. 3.0
Paralysis/CP 0.8	Fractures 7.2
Cardiovascular 16.3	Wounds, Burns 3.4
Stroke 3.8	Compl. of Surgery 1.9
Respiratory 4.2	Other Conditions 6.8

**REVENUE**

Billings \$	470,160
Disallowances	106,472
Collections	363,688
Other	0
Total	363,688

**EXPENSES**

Total \$	510,356
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.6
Registered Nurses	4.2
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.6
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	9.4

**Homeward Bound Home Health**

130 West Elm Street, PO Box 503

Lancaster WI 53813

Grant County

(608) 723-6601

License Number: 330

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 58

Number of unduplicated patients in 2002 = 280

**COUNTIES SERVED**

Columbia

Crawford

Grant

Iowa

Juneau

LaFayette

Richland

Sauk

Vernon

**TOTAL NUMBER OF ADMISSIONS** 168**PERCENT ADMISSIONS FROM:**

Private Residences 36.3%

General Hospitals 45.8

Nursing Homes 10.7

Other 7.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 176

**PERCENT DISCHARGES TO:**

Private Residences 53.4%

General Hospitals 11.9

Nursing Homes 18.8

Deaths 5.1

Other 10.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	202	2,477	12.3
Home Health Aide	22	521	23.7
Physical Therapy	33	283	8.6
Spch/Occ/Resp Therapy	7	21	3.0
Medical Social Service	0	0	0.0
Private Duty Nursing	1	51	51.0
Personal Care/PC RN Supv.	350	21,995	62.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	25,348	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 20.1%
4 to 24 3.6	Medicaid 54.5
25 to 54 12.1	Other Federal 1.0
55 to 64 11.1	State Funds 15.7
65 to 74 16.8	Private Insurance 8.7
75 to 84 36.8	Self Pay 0.0
85 & over 19.6	Other 0.0
	TOTAL PATIENTS 299

Males 35.7% Females 64.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.1%
Cancer 2.9	Genitourinary Sys. 0.7
Diabetes 5.4	Preg. & Childbirth 0.0
Diseases of Blood 0.7	Arthropathies 15.0
Dementia/Alzheimers 0.7	Osteopathies 1.4
Psychoses/Neuroses 5.0	Perinatal Period 0.0
Central Nervous Sys. 2.5	Ill-Defined Cond. 6.1
Paralysis/CP 2.9	Fractures 5.0
Cardiovascular 16.4	Wounds, Burns 5.0
Stroke 6.4	Compl. of Surgery 1.8
Respiratory 9.6	Other Conditions 11.4

REVENUE	
Billings \$	1,525,160
Disallowances	356,098
Collections	1,169,062
Other	0
Total	1,169,062

EXPENSES	
Total \$	1,126,915

**STAFFING FTES**

Administrators 0.6

Reg. Nurse Supervisors 1.0

Registered Nurses 6.6

Licensed Practical Nurses 0.6

Home Health Aides 0.4

Physical Therapists 0.0

Occupational Therapists 0.0

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 33.6

Homemakers 0.0

Other Staff 6.2

TOTAL FTES 49.0

**The Monroe Clinic Home Care**

515 22nd Avenue

Monroe WI 53566

Green County

**COUNTIES SERVED**

Green

LaFayette

Rock

(608) 324-1230

License Number: 142

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 23

Number of unduplicated patients in 2002 = 394

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	343	3,538	10.3
Home Health Aide	75	704	9.4
Physical Therapy	129	1,875	14.5
Spch/Occ/Resp Therapy	38	221	5.8
Medical Social Service	28	38	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,376	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.3%	Medicare 78.9%
4 to 24 1.3	Medicaid 2.3
25 to 54 12.4	Other Federal 0.3
55 to 64 10.7	State Funds 0.0
65 to 74 20.1	Private Insurance 18.3
75 to 84 30.7	Self Pay 0.3
85 & over 24.6	Other 0.0
	TOTAL PATIENTS 394

Males 34.8% Females 65.2 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.5%	Digestive Disorders 5.3%
Cancer 6.3	Genitourinary Sys. 2.3
Diabetes 2.5	Preg. & Childbirth 0.3
Diseases of Blood 0.5	Arthropathies 22.8
Dementia/Alzheimers 0.0	Osteopathies 2.5
Psychoses/Neuroses 0.8	Perinatal Period 0.0
Central Nervous Sys. 0.5	Ill-Defined Cond. 9.4
Paralysis/CP 1.0	Fractures 7.6
Cardiovascular 16.2	Wounds, Burns 2.8
Stroke 1.8	Compl. of Surgery 1.5
Respiratory 3.3	Other Conditions 10.9

**TOTAL NUMBER OF ADMISSIONS** 348**PERCENT ADMISSIONS FROM:**

Private Residences	24.7%
General Hospitals	65.8
Nursing Homes	5.7
Other	3.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 342

**PERCENT DISCHARGES TO:**

Private Residences	69.0%
General Hospitals	7.6
Nursing Homes	6.7
Deaths	3.5
Other	13.2

**STAFFING****FTES**

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	5.6
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	1.4
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.3
<b>TOTAL FTES</b>	<b>10.9</b>

**REVENUE**

Billings	\$ 1,023,360
Disallowances	208,665
Collections	814,695
Other	0
<b>Total</b>	<b>814,695</b>

**EXPENSES**

<b>Total</b>	<b>\$ 771,163</b>
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**CHN Home Care**

270 East Marquette Street  
Berlin WI 54923

Green Lake County

(920) 361-5555

**COUNTIES SERVED**

Fond du Lac  
Green Lake  
Marquette  
Waushara  
Winnebago

License Number: 235

Ownership of Agency: Nonprofit Association

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 37

Number of unduplicated patients in 2002 = 526

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	499	5,441	10.9
Home Health Aide	192	5,251	27.3
Physical Therapy	190	1,296	6.8
Spch/Occ/Resp Therapy	40	308	7.7
Medical Social Service	11	11	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	70	2,241	32.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,548	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.2%	Medicare 72.0%
4 to 24 1.5	Medicaid 6.6
25 to 54 8.9	Other Federal 0.0
55 to 64 7.0	State Funds 3.8
65 to 74 16.3	Private Insurance 16.7
75 to 84 36.3	Self Pay 0.9
85 & over 29.7	Other 0.0
	TOTAL PATIENTS 574
Males 38.6% Females 61.4 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.5%	Digestive Disorders 2.5%
Cancer 6.3	Genitourinary Sys. 4.4
Diabetes 6.7	Preg. & Childbirth 0.2
Diseases of Blood 2.3	Arthropathies 9.7
Dementia/Alzheimers 0.8	Osteopathies 2.1
Psychoses/Neuroses 1.0	Perinatal Period 0.2
Central Nervous Sys. 1.7	Ill-Defined Cond. 8.0
Paralysis/CP 0.8	Fractures 8.6
Cardiovascular 19.0	Wounds, Burns 2.3
Stroke 3.6	Compl. of Surgery 2.5
Respiratory 4.4	Other Conditions 11.8

REVENUE	
Billings \$	1,190,259
Disallowances	-108,224
Collections	1,298,483
Other	74,895
Total	1,373,378

EXPENSES	
Total \$	1,224,659

**TOTAL NUMBER OF ADMISSIONS** 469

**PERCENT ADMISSIONS FROM:**

Private Residences	4.9%
General Hospitals	74.2
Nursing Homes	2.6
Other	18.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 478

**PERCENT DISCHARGES TO:**

Private Residences	72.4%
General Hospitals	6.7
Nursing Homes	4.4
Deaths	2.5
Other	14.0

**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	3.8
Registered Nurses	3.1
Licensed Practical Nurses	0.0
Home Health Aides	5.1
Physical Therapists	1.1
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.4
<b>TOTAL FTEs</b>	<b>16.5</b>



**Upland Hills Home Care**

800 Compassion Way  
Dodgeville WI 53533

Iowa County

(608) 930-7210

License Number: 60

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 27

Number of unduplicated patients in 2002 = 368

**COUNTIES SERVED**

Dane  
Grant  
Iowa  
LaFayette  
Richland  
Sauk

**TOTAL NUMBER OF ADMISSIONS** 326

**PERCENT ADMISSIONS FROM:**

Private Residences	21.8%
General Hospitals	52.5
Nursing Homes	15.6
Other	10.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 339

**PERCENT DISCHARGES TO:**

Private Residences	64.0%
General Hospitals	8.3
Nursing Homes	7.7
Deaths	1.8
Other	18.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	313	3,168	10.1
Home Health Aide	32	2,142	66.9
Physical Therapy	166	1,118	6.7
Spch/Occ/Resp Therapy	45	114	2.5
Medical Social Service	5	33	6.6
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	109	6,621	60.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,196	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.4%	Medicare 60.5%
4 to 24 2.4	Medicaid 8.1
25 to 54 7.9	Other Federal 0.3
55 to 64 10.9	State Funds 1.8
65 to 74 16.8	Private Insurance 20.9
75 to 84 31.8	Self Pay 7.3
85 & over 28.8	Other 1.0
	TOTAL PATIENTS 382

Males 37.8% Females 62.2 %

PRIMARY DIAGNOSIS	
Infectious Disorders 3.0%	Digestive Disorders 3.0%
Cancer 4.9	Genitourinary Sys. 3.0
Diabetes 1.6	Preg. & Childbirth 0.0
Diseases of Blood 0.8	Arthropathies 19.3
Dementia/Alzheimers 0.5	Osteopathies 3.0
Psychoses/Neuroses 0.8	Perinatal Period 0.0
Central Nervous Sys. 3.3	Ill-Defined Cond. 3.8
Paralysis/CP 0.0	Fractures 15.5
Cardiovascular 14.7	Wounds, Burns 3.5
Stroke 3.5	Compl. of Surgery 1.9
Respiratory 7.9	Other Conditions 6.0

**REVENUE**

Billings	\$ 862,465
Disallowances	95,169
Collections	767,296
Other	0
Total	767,296

**EXPENSES**

Total	\$ 1,005,671
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.7
Licensed Practical Nurses	0.7
Home Health Aides	6.7
Physical Therapists	0.7
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	17.8

**Pine View Home Health**

409 CTH R

Black River Falls WI 54615

Jackson County

**COUNTIES SERVED**

Jackson

(715) 284-9495

License Number: 219

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 47

Number of unduplicated patients in 2002 = 184

**TOTAL NUMBER OF ADMISSIONS** 104**PERCENT ADMISSIONS FROM:**

Private Residences	35.6%
General Hospitals	46.2
Nursing Homes	17.3
Other	1.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 105

**PERCENT DISCHARGES TO:**

Private Residences	50.5%
General Hospitals	19.0
Nursing Homes	17.1
Deaths	8.6
Other	4.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	136	1,701	12.5
Home Health Aide	55	2,659	48.3
Physical Therapy	29	276	9.5
Spch/Occ/Resp Therapy	9	58	6.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	121	14,050	116.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	18,744	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 40.5%
4 to 24 2.7	Medicaid 47.6
25 to 54 15.8	Other Federal 1.1
55 to 64 14.1	State Funds 0.5
65 to 74 16.3	Private Insurance 7.0
75 to 84 28.3	Self Pay 3.2
85 & over 22.8	Other 0.0
	TOTAL PATIENTS 185

Males 32.1% Females 67.9 %

PRIMARY DIAGNOSIS	
Infectious Disorders 2.2%	Digestive Disorders 2.2%
Cancer 10.3	Genitourinary Sys. 1.1
Diabetes 8.7	Preg. & Childbirth 0.0
Diseases of Blood 2.7	Arthropathies 6.5
Dementia/Alzheimers 6.5	Osteopathies 2.2
Psychoses/Neuroses 4.3	Perinatal Period 0.0
Central Nervous Sys. 4.3	Ill-Defined Cond. 2.2
Paralysis/CP 4.9	Fractures 4.9
Cardiovascular 15.2	Wounds, Burns 2.7
Stroke 7.6	Compl. of Surgery 0.0
Respiratory 4.3	Other Conditions 7.1

**REVENUE**

Billings \$	943,276
Disallowances	243,957
Collections	699,319
Other	0
Total	699,319

**EXPENSES**

Total \$	983,213
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.0
Licensed Practical Nurses	0.0
Home Health Aides	4.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	7.2
Homemakers	0.0
Other Staff	5.0
TOTAL FTES	22.7

**Fort Atkinson Memorial Hlth Srvcs Home Health Agency**

426 McMillen Street

Fort Atkinson WI 53538

Jefferson County

(920) 568-6500

**COUNTIES SERVED**

Dane

Jefferson

Rock

Walworth

License Number: 137

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 11

Number of unduplicated patients in 2002 = 390

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	387	2,750	7.1
Home Health Aide	58	4,082	70.4
Physical Therapy	129	654	5.1
Spch/Occ/Resp Therapy	39	129	3.3
Medical Social Service	51	124	2.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,739	XXXXX

**TOTAL NUMBER OF ADMISSIONS** 380**PERCENT ADMISSIONS FROM:**

Private Residences	41.6%
General Hospitals	51.6
Nursing Homes	6.1
Other	0.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 389

**PERCENT DISCHARGES TO:**

Private Residences	85.3%
General Hospitals	2.1
Nursing Homes	2.6
Deaths	1.5
Other	8.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 11.3%	Medicare 64.3%
4 to 24 2.1	Medicaid 8.4
25 to 54 12.6	Other Federal 0.7
55 to 64 9.5	State Funds 0.0
65 to 74 18.5	Private Insurance 25.5
75 to 84 26.2	Self Pay 1.2
85 & over 20.0	Other 0.0
	TOTAL PATIENTS 431

Males 42.8% Females 57.2 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.5%	Digestive Disorders 7.4%
Cancer 9.7	Genitourinary Sys. 3.3
Diabetes 1.8	Preg. & Childbirth 0.3
Diseases of Blood 0.0	Arthropathies 12.8
Dementia/Alzheimers 0.8	Osteopathies 2.1
Psychoses/Neuroses 0.8	Perinatal Period 10.8
Central Nervous Sys. 2.6	Ill-Defined Cond. 5.1
Paralysis/CP 1.3	Fractures 4.4
Cardiovascular 15.9	Wounds, Burns 7.7
Stroke 1.3	Compl. of Surgery 3.8
Respiratory 4.4	Other Conditions 3.3

**REVENUE**

Billings \$	714,795
Disallowances	-32,708
Collections	747,503
Other	0
Total	747,503

**EXPENSES**

Total \$	699,919
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**STAFFING****FTEs**

Administrators	0.1
Reg. Nurse Supervisors	1.0
Registered Nurses	3.6
Licensed Practical Nurses	0.0
Home Health Aides	2.0
Physical Therapists	0.6
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTEs	8.9

**Jefferson County Health Department**

N3995 Annex Road

Jefferson WI 53549

Jefferson County

**COUNTIES SERVED**

Jefferson

(920) 674-7275

License Number: 63

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 8

Number of unduplicated patients in 2002 = 134

**TOTAL NUMBER OF ADMISSIONS** 104**PERCENT ADMISSIONS FROM:**

Private Residences	26.0%
General Hospitals	56.7
Nursing Homes	11.5
Other	5.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 100

**PERCENT DISCHARGES TO:**

Private Residences	65.0%
General Hospitals	10.0
Nursing Homes	8.0
Deaths	2.0
Other	15.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	134	1,868	13.9
Home Health Aide	43	2,237	52.0
Physical Therapy	54	395	7.3
Spch/Occ/Resp Therapy	16	105	6.6
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,605	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 35.3%
4 to 24 4.5	Medicaid 32.1
25 to 54 20.1	Other Federal 1.1
55 to 64 6.0	State Funds 0.0
65 to 74 20.1	Private Insurance 7.4
75 to 84 21.6	Self Pay 1.6
85 & over 26.9	Other 22.6
	TOTAL PATIENTS 190

Males 33.6% Females 66.4 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 3.7%
Cancer 3.7	Genitourinary Sys. 7.5
Diabetes 7.5	Preg. & Childbirth 0.0
Diseases of Blood 0.7	Arthropathies 11.9
Dementia/Alzheimers 0.7	Osteopathies 3.0
Psychoses/Neuroses 3.7	Perinatal Period 0.7
Central Nervous Sys. 2.2	Ill-Defined Cond. 3.0
Paralysis/CP 6.0	Fractures 7.5
Cardiovascular 20.1	Wounds, Burns 9.0
Stroke 1.5	Compl. of Surgery 0.0
Respiratory 3.0	Other Conditions 4.5

**REVENUE**

Billings \$	548,563
Disallowances	211,503
Collections	337,060
Other	0
Total	337,060

**EXPENSES**

Total \$	578,454
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**STAFFING****FTEs**

Administrators	0.3
Reg. Nurse Supervisors	0.5
Registered Nurses	2.0
Licensed Practical Nurses	0.1
Home Health Aides	2.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.2
TOTAL FTEs	6.6

**KJM Home Health Care Agency**

111 North Third Street

Watertown WI 53094

Jefferson County

**COUNTIES SERVED**

Dodge

Jefferson

(920) 261-8789

License Number: 135

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 5

Number of unduplicated patients in 2002 = 16

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	16	351	21.9
Home Health Aide	4	308	77.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	1	11	11.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	2	76	38.0
TOTAL	XXXXXXX	746	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 81.3%
4 to 24 6.3	Medicaid 6.3
25 to 54 37.5	Other Federal 0.0
55 to 64 12.5	State Funds 0.0
65 to 74 25.0	Private Insurance 12.5
75 to 84 0.0	Self Pay 0.0
85 & over 18.8	Other 0.0
	TOTAL PATIENTS 16

Males 68.8% Females 31.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 6.3%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 6.3	Perinatal Period 6.3
Central Nervous Sys. 0.0	Ill-Defined Cond. 12.5
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 25.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 12.5	Other Conditions 31.3

**TOTAL NUMBER OF ADMISSIONS** 8**PERCENT ADMISSIONS FROM:**

Private Residences	12.5%
General Hospitals	12.5
Nursing Homes	25.0
Other	50.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 8

**PERCENT DISCHARGES TO:**

Private Residences	12.5%
General Hospitals	25.0
Nursing Homes	0.0
Deaths	12.5
Other	50.0

**STAFFING****FTES**

Administrators	0.2
Reg. Nurse Supervisors	0.0
Registered Nurses	0.3
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.1
Other Staff	1.0
<b>TOTAL FTES</b>	<b>2.1</b>

**REVENUE**

Billings \$	127,713
Disallowances	4,803
Collections	122,910
Other	0
<b>Total</b>	<b>122,910</b>

**EXPENSES**

<b>Total \$</b>	<b>150,653</b>
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**Hess Home Health**

1050 Division Street  
Mauston WI 53948

Juneau County

(608) 847-6161

**COUNTIES SERVED**

Adams  
Jackson  
Juneau  
Monroe

License Number: 216

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 13

Number of unduplicated patients in 2002 = 174

**TOTAL NUMBER OF ADMISSIONS** 157

**PERCENT ADMISSIONS FROM:**

Private Residences	20.4%
General Hospitals	70.1
Nursing Homes	7.6
Other	1.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 153

**PERCENT DISCHARGES TO:**

Private Residences	71.2%
General Hospitals	10.5
Nursing Homes	7.8
Deaths	5.2
Other	5.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	171	2,822	16.5
Home Health Aide	86	2,508	29.2
Physical Therapy	40	327	8.2
Spch/Occ/Resp Therapy	3	6	2.0
Medical Social Service	2	2	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,665	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 86.9%
4 to 24 0.0	Medicaid 1.6
25 to 54 4.6	Other Federal 0.5
55 to 64 5.7	State Funds 0.0
65 to 74 23.0	Private Insurance 6.6
75 to 84 46.6	Self Pay 3.3
85 & over 20.1	Other 1.1
	TOTAL PATIENTS 183

Males 39.7% Females 60.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 6.3%
Cancer 8.0	Genitourinary Sys. 2.9
Diabetes 6.3	Preg. & Childbirth 0.0
Diseases of Blood 1.1	Arthropathies 8.6
Dementia/Alzheimers 0.0	Osteopathies 0.6
Psychoses/Neuroses 1.1	Perinatal Period 0.0
Central Nervous Sys. 0.6	Ill-Defined Cond. 5.7
Paralysis/CP 0.0	Fractures 11.5
Cardiovascular 27.6	Wounds, Burns 1.7
Stroke 2.9	Compl. of Surgery 0.0
Respiratory 9.8	Other Conditions 5.2

**REVENUE**

Billings \$	439,777
Disallowances	24,173
Collections	415,604
Other	0
Total	415,604

**EXPENSES**

Total \$	550,650
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.7
Licensed Practical Nurses	0.0
Home Health Aides	1.8
Physical Therapists	0.2
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	7.7

**Kenosha VNA, Inc.**

600 52nd Street, Suite 300  
Kenosha WI 53140

Kenosha County

**COUNTIES SERVED**

Kenosha  
Racine

(262) 656-8400

License Number: 65

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 34

Number of unduplicated patients in 2002 = 742

**TOTAL NUMBER OF ADMISSIONS** 802**PERCENT ADMISSIONS FROM:**

Private Residences	7.0%
General Hospitals	67.1
Nursing Homes	16.3
Other	9.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 702

**PERCENT DISCHARGES TO:**

Private Residences	83.6%
General Hospitals	6.0
Nursing Homes	3.3
Deaths	4.0
Other	3.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	679	7,580	11.2
Home Health Aide	133	3,600	27.1
Physical Therapy	336	3,216	9.6
Spch/Occ/Resp Therapy	79	441	5.6
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	8	8	1.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,845	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.1%	Medicare 77.2%
4 to 24 1.6	Medicaid 4.9
25 to 54 13.7	Other Federal 0.0
55 to 64 9.6	State Funds 0.0
65 to 74 21.4	Private Insurance 17.6
75 to 84 32.9	Self Pay 0.3
85 & over 19.7	Other 0.0
	TOTAL PATIENTS 749

Males 36.7% Females 63.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.3%	Digestive Disorders 4.3%
Cancer 10.5	Genitourinary Sys. 4.9
Diabetes 4.6	Preg. & Childbirth 0.5
Diseases of Blood 1.3	Arthropathies 17.1
Dementia/Alzheimers 0.0	Osteopathies 2.3
Psychoses/Neuroses 0.1	Perinatal Period 0.5
Central Nervous Sys. 2.3	Ill-Defined Cond. 3.4
Paralysis/CP 0.3	Fractures 6.9
Cardiovascular 18.7	Wounds, Burns 0.4
Stroke 3.2	Compl. of Surgery 2.7
Respiratory 6.3	Other Conditions 8.2

REVENUE	
Billings \$	2,005,385
Disallowances	132,730
Collections	1,872,655
Other	96,771
Total	1,969,426

EXPENSES	
Total \$	2,008,458

**STAFFING FTES**

Administrators	0.0
Reg. Nurse Supervisors	1.9
Registered Nurses	7.5
Licensed Practical Nurses	2.0
Home Health Aides	4.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	6.9
TOTAL FTES	22.3

**Alliance Home Care**

10220 Prairie Ridge Blvd.  
Pleasant Prairie WI 53158

Kenosha County

**COUNTIES SERVED**

Kenosha  
Racine

(800) 830-8344

License Number: 130

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 2

Number of unduplicated patients in 2002 = 34

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	34	322	9.5
Home Health Aide	12	98	8.2
Physical Therapy	3	21	7.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	9	11	1.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	452	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 5.9%	Medicare 44.1%
4 to 24 2.9	Medicaid 14.7
25 to 54 35.3	Other Federal 0.0
55 to 64 20.6	State Funds 0.0
65 to 74 20.6	Private Insurance 38.2
75 to 84 11.8	Self Pay 2.9
85 & over 2.9	Other 0.0
	TOTAL PATIENTS 34

Males 47.1% Females 52.9 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 73.5	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 2.9	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 2.9
Cardiovascular 2.9	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 5.9	Other Conditions 11.8

**TOTAL NUMBER OF ADMISSIONS** 29

**PERCENT ADMISSIONS FROM:**

Private Residences	72.4%
General Hospitals	27.6
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 30

**PERCENT DISCHARGES TO:**

Private Residences	63.3%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	33.3
Other	3.3

**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	0.5
Registered Nurses	1.9
Licensed Practical Nurses	0.3
Home Health Aides	1.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.5
Other Therapeutic Staff	0.3
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
<b>TOTAL FTEs</b>	<b>6.2</b>

**REVENUE**

Billings \$	61,464
Disallowances	6,658
Collections	54,806
Other	788
<b>Total</b>	<b>55,594</b>

**EXPENSES**

<b>Total \$</b>	<b>199,857</b>
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**Franciscan Skemp Medical Center Home Health Services**

212 South 11th Street

La Crosse WI 54601

La Crosse County

(608) 791-9790

**COUNTIES SERVED**

LaCrosse

Monroe

Trempealeau

Vernon

License Number: 141

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 22

Number of unduplicated patients in 2002 = 339

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	323	5,170	16.0
Home Health Aide	159	4,309	27.1
Physical Therapy	245	1,597	6.5
Spch/Occ/Resp Therapy	83	341	4.1
Medical Social Service	4	7	1.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	11,424	XXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	4.1%	Medicare	57.6%
4 to 24	2.1	Medicaid	19.6
25 to 54	14.5	Other Federal	0.0
55 to 64	13.9	State Funds	0.0
65 to 74	15.6	Private Insurance	19.8
75 to 84	29.5	Self Pay	2.1
85 & over	20.4	Other	0.9
		TOTAL PATIENTS	434

Males 34.2% Females 65.8 %

PRIMARY DIAGNOSIS			
Infectious Disorders	1.5%	Digestive Disorders	2.9%
Cancer	10.9	Genitourinary Sys.	1.5
Diabetes	4.7	Preg. & Childbirth	1.2
Diseases of Blood	0.6	Arthropathies	16.8
Dementia/Alzheimers	0.0	Osteopathies	1.5
Psychoses/Neuroses	0.0	Perinatal Period	1.5
Central Nervous Sys.	1.8	Ill-Defined Cond.	8.3
Paralysis/CP	0.6	Fractures	5.9
Cardiovascular	12.1	Wounds, Burns	4.1
Stroke	1.5	Compl. of Surgery	6.5
Respiratory	10.0	Other Conditions	6.2

**TOTAL NUMBER OF ADMISSIONS** 378**PERCENT ADMISSIONS FROM:**

Private Residences	39.9%
General Hospitals	45.8
Nursing Homes	14.3
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 371

**PERCENT DISCHARGES TO:**

Private Residences	80.3%
General Hospitals	5.4
Nursing Homes	5.7
Deaths	3.8
Other	4.9

**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.0
Licensed Practical Nurses	0.0
Home Health Aides	6.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.7
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	6.9
<b>TOTAL FTEs</b>	<b>20.2</b>

**REVENUE**

Billings	\$ 1,155,438
Disallowances	216,240
Collections	939,198
Other	586
<b>Total</b>	<b>939,784</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,055,235</b>
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**Gundersen Lutheran Visiting Nurse, Inc.**

811 Monitor Street. Suite 101

La Crosse WI 54603

La Crosse County

(608) 775-8400

License Number: 67

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/5/2002 = 69

Number of unduplicated patients in 2002 = 494

**COUNTIES SERVED**

Buffalo

Crawford

Jackson

Juneau

LaCrosse

Monroe

Trempealeau

Vernon

**TOTAL NUMBER OF ADMISSIONS** 373**PERCENT ADMISSIONS FROM:**

Private Residences 13.9%

General Hospitals 76.1

Nursing Homes 4.6

Other 5.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 386

**PERCENT DISCHARGES TO:**

Private Residences 69.4%

General Hospitals 4.7

Nursing Homes 7.5

Deaths 4.1

Other 14.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	415	4,680	11.3
Home Health Aide	149	17,718	118.9
Physical Therapy	143	649	4.5
Spch/Occ/Resp Therapy	76	211	2.8
Medical Social Service	11	12	1.1
Private Duty Nursing	13	2,876	221.2
Personal Care/PC RN Supv.	72	9,310	129.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	35,456	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 9.1%	Medicare 35.6%
4 to 24 11.9	Medicaid 44.5
25 to 54 18.0	Other Federal 0.6
55 to 64 10.1	State Funds 0.0
65 to 74 17.2	Private Insurance 18.0
75 to 84 22.5	Self Pay 1.3
85 & over 11.1	Other 0.0
	TOTAL PATIENTS 674

PRIMARY DIAGNOSIS	
Infectious Disorders 0.8%	Digestive Disorders 3.8%
Cancer 9.3	Genitourinary Sys. 3.4
Diabetes 1.6	Preg. & Childbirth 0.4
Diseases of Blood 1.4	Arthropathies 6.3
Dementia/Alzheimers 0.4	Osteopathies 3.0
Psychoses/Neuroses 2.4	Perinatal Period 3.8
Central Nervous Sys. 3.4	Ill-Defined Cond. 4.7
Paralysis/CP 6.5	Fractures 4.3
Cardiovascular 16.2	Wounds, Burns 2.0
Stroke 4.5	Compl. of Surgery 6.1
Respiratory 3.6	Other Conditions 11.9

REVENUE	
Billings \$	3,160,873
Disallowances	942,094
Collections	2,218,779
Other	2,339
Total	2,221,118

EXPENSES	
Total \$	2,585,443

**STAFFING FTES**

Administrators 0.0

Reg. Nurse Supervisors 2.0

Registered Nurses 15.6

Licensed Practical Nurses 10.3

Home Health Aides 22.6

Physical Therapists 0.9

Occupational Therapists 0.4

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.1

Other Therapeutic Staff 0.0

Personal Care Workers 0.0

Homemakers 0.0

Other Staff 0.0

TOTAL FTES 51.9

**La Crosse County Health Department**

300 4th Street North

La Crosse WI 54601

La Crosse County

**COUNTIES SERVED**

LaCrosse

Vernon

(608) 785-9723

License Number: 66

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 30

Number of unduplicated patients in 2002 = 93

**TOTAL NUMBER OF ADMISSIONS** 44**PERCENT ADMISSIONS FROM:**

Private Residences	43.2%
General Hospitals	15.9
Nursing Homes	6.8
Other	34.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 39

**PERCENT DISCHARGES TO:**

Private Residences	30.8%
General Hospitals	0.0
Nursing Homes	30.8
Deaths	10.3
Other	28.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	64	1,406	22.0
Home Health Aide	39	5,121	131.3
Physical Therapy	9	78	8.7
Spch/Occ/Resp Therapy	2	2	1.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	54	5,399	100.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	12,006	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 37.7%
4 to 24 11.8	Medicaid 7.9
25 to 54 19.4	Other Federal 0.0
55 to 64 14.0	State Funds 36.0
65 to 74 20.4	Private Insurance 4.4
75 to 84 16.1	Self Pay 14.0
85 & over 18.3	Other 0.0
	TOTAL PATIENTS 114

Males 30.1% Females 69.9 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 6.5%
Cancer 0.0	Genitourinary Sys. 6.5
Diabetes 5.4	Preg. & Childbirth 0.0
Diseases of Blood 1.1	Arthropathies 6.5
Dementia/Alzheimers 0.0	Osteopathies 3.2
Psychoses/Neuroses 2.2	Perinatal Period 0.0
Central Nervous Sys. 7.5	Ill-Defined Cond. 1.1
Paralysis/CP 11.8	Fractures 2.2
Cardiovascular 11.8	Wounds, Burns 1.1
Stroke 3.2	Compl. of Surgery 1.1
Respiratory 6.5	Other Conditions 22.6

REVENUE	
Billings \$	838,325
Disallowances	136,845
Collections	701,480
Other	7,798
Total	709,278

EXPENSES	
Total \$	812,981

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.8
Licensed Practical Nurses	0.0
Home Health Aides	5.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.7
TOTAL FTES	13.4

**Lafayette County Nursing Agency**

729 Clay Street, PO Box 118

Darlington WI 53530

Lafayette County

**COUNTIES SERVED**

LaFayette

(608) 776-4895

License Number: 68

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 4

Number of unduplicated patients in 2002 = 146

**TOTAL NUMBER OF ADMISSIONS** 107**PERCENT ADMISSIONS FROM:**

Private Residences	48.6%
General Hospitals	43.0
Nursing Homes	7.5
Other	0.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 109

**PERCENT DISCHARGES TO:**

Private Residences	56.9%
General Hospitals	7.3
Nursing Homes	16.5
Deaths	9.2
Other	10.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	132	2,012	15.2
Home Health Aide	33	990	30.0
Physical Therapy	24	98	4.1
Spch/Occ/Resp Therapy	12	37	3.1
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	60	913	15.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,050	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 64.0%
4 to 24 0.7	Medicaid 16.7
25 to 54 11.6	Other Federal 2.0
55 to 64 6.8	State Funds 0.0
65 to 74 15.1	Private Insurance 10.0
75 to 84 28.8	Self Pay 7.3
85 & over 37.0	Other 0.0
	TOTAL PATIENTS 150

Males 41.1% Females 58.9 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.7%	Digestive Disorders 0.7%
Cancer 6.8	Genitourinary Sys. 0.7
Diabetes 8.9	Preg. & Childbirth 0.7
Diseases of Blood 6.8	Arthropathies 13.0
Dementia/Alzheimers 0.7	Osteopathies 1.4
Psychoses/Neuroses 2.7	Perinatal Period 0.0
Central Nervous Sys. 0.7	Ill-Defined Cond. 2.7
Paralysis/CP 0.7	Fractures 2.7
Cardiovascular 23.3	Wounds, Burns 3.4
Stroke 3.4	Compl. of Surgery 2.1
Respiratory 11.0	Other Conditions 6.8

**REVENUE**

Billings \$	263,526
Disallowances	26,438
Collections	237,088
Other	973
Total	238,061

**EXPENSES**

Total \$	350,893
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.5
Registered Nurses	3.5
Licensed Practical Nurses	0.0
Home Health Aides	2.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTES	9.4

**Langlade County Health Department**

1225 Langlade Road

Antigo WI 54409

Langlade County

**COUNTIES SERVED**

Langlade

(715) 627-6250

License Number: 69

Ownership of Agency: County

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 1

Number of unduplicated patients in 2002 = 95

**TOTAL NUMBER OF ADMISSIONS** 47**PERCENT ADMISSIONS FROM:**

Private Residences	63.8%
General Hospitals	21.3
Nursing Homes	14.9
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 52

**PERCENT DISCHARGES TO:**

Private Residences	30.8%
General Hospitals	34.6
Nursing Homes	30.8
Deaths	1.9
Other	1.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	74	164	2.2
Home Health Aide	0	0	0.0
Physical Therapy	3	5	1.7
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	174	12,692	72.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	12,861	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	0.0%
4 to 24	5.3	Medicaid	73.7
25 to 54	10.5	Other Federal	0.0
55 to 64	10.5	State Funds	0.0
65 to 74	7.4	Private Insurance	3.2
75 to 84	25.3	Self Pay	23.2
85 & over	41.1	Other	0.0
		TOTAL PATIENTS	95

Males 24.2% Females 75.8 %

PRIMARY DIAGNOSIS			
Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	3.2	Genitourinary Sys.	1.1
Diabetes	4.2	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	26.3
Dementia/Alzheimers	7.4	Osteopathies	2.1
Psychoses/Neuroses	2.1	Perinatal Period	0.0
Central Nervous Sys.	7.4	Ill-Defined Cond.	3.2
Paralysis/CP	9.5	Fractures	2.1
Cardiovascular	16.8	Wounds, Burns	0.0
Stroke	5.3	Compl. of Surgery	0.0
Respiratory	7.4	Other Conditions	2.1

REVENUE	
Billings	\$ 269,456
Disallowances	14,112
Collections	255,344
Other	0
Total	255,344

EXPENSES	
Total	\$ 544,508

**STAFFING FTES**

Administrators	2.0
Reg. Nurse Supervisors	0.0
Registered Nurses	7.0
Licensed Practical Nurses	0.0
Home Health Aides	3.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	15.4

**Holy Family Memorial Home Care**

333 Reed Avenue, PO Box 1450

Manitowoc WI 54220

Manitowoc County

**COUNTIES SERVED**

Manitowoc

(920) 683-8441

License Number: 143

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 46

Number of unduplicated patients in 2002 = 412

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	371	4,475	12.1
Home Health Aide	109	4,291	39.4
Physical Therapy	115	832	7.2
Spch/Occ/Resp Therapy	52	290	5.6
Medical Social Service	7	10	1.4
Private Duty Nursing	1	260	260.0
Personal Care/PC RN Supv.	124	8,022	64.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	18,180	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 68.7%
4 to 24 4.9	Medicaid 16.9
25 to 54 13.1	Other Federal 0.8
55 to 64 9.7	State Funds 0.0
65 to 74 12.9	Private Insurance 12.7
75 to 84 32.3	Self Pay 0.6
85 & over 26.5	Other 0.2
	TOTAL PATIENTS 473

Males 35.7% Females 64.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.2%	Digestive Disorders 5.1%
Cancer 7.0	Genitourinary Sys. 3.2
Diabetes 8.3	Preg. & Childbirth 0.2
Diseases of Blood 1.5	Arthropathies 8.7
Dementia/Alzheimers 0.0	Osteopathies 1.7
Psychoses/Neuroses 1.2	Perinatal Period 0.2
Central Nervous Sys. 3.2	Ill-Defined Cond. 6.6
Paralysis/CP 2.4	Fractures 7.0
Cardiovascular 20.1	Wounds, Burns 7.0
Stroke 2.7	Compl. of Surgery 2.7
Respiratory 7.8	Other Conditions 3.2

**TOTAL NUMBER OF ADMISSIONS** 370**PERCENT ADMISSIONS FROM:**

Private Residences	29.5%
General Hospitals	57.8
Nursing Homes	10.3
Other	2.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 370

**PERCENT DISCHARGES TO:**

Private Residences	70.0%
General Hospitals	10.5
Nursing Homes	6.2
Deaths	2.4
Other	10.8

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.8
Registered Nurses	6.8
Licensed Practical Nurses	0.5
Home Health Aides	9.5
Physical Therapists	0.8
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.3
Personal Care Workers	4.6
Homemakers	0.0
Other Staff	2.7
<b>TOTAL FTES</b>	<b>28.1</b>

**REVENUE**

Billings	\$ 1,265,605
Disallowances	82,810
Collections	1,182,795
Other	0
<b>Total</b>	<b>1,182,795</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,322,267</b>
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**Homecare Health Services, Inc.**

1004 Washington Street

Manitowoc WI 54220

Manitowoc County

**COUNTIES SERVED**

Manitowoc

(920) 684-7155

License Number: 1

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 21

Number of unduplicated patients in 2002 = 96

**TOTAL NUMBER OF ADMISSIONS** 76**PERCENT ADMISSIONS FROM:**

Private Residences	59.2%
General Hospitals	15.8
Nursing Homes	6.6
Other	18.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 79

**PERCENT DISCHARGES TO:**

Private Residences	64.6%
General Hospitals	19.0
Nursing Homes	6.3
Deaths	3.8
Other	6.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	45	649	14.4
Home Health Aide	14	850	60.7
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	99	6,801	68.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,300	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 37.9%
4 to 24 9.4	Medicaid 59.2
25 to 54 12.5	Other Federal 0.0
55 to 64 3.1	State Funds 1.9
65 to 74 15.6	Private Insurance 1.0
75 to 84 30.2	Self Pay 0.0
85 & over 29.2	Other 0.0
	TOTAL PATIENTS 103

Males 29.2% Females 70.8 %

PRIMARY DIAGNOSIS	
Infectious Disorders 5.2%	Digestive Disorders 2.1%
Cancer 5.2	Genitourinary Sys. 4.2
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 1.0	Arthropathies 12.5
Dementia/Alzheimers 2.1	Osteopathies 1.0
Psychoses/Neuroses 3.1	Perinatal Period 0.0
Central Nervous Sys. 7.3	Ill-Defined Cond. 4.2
Paralysis/CP 6.3	Fractures 4.2
Cardiovascular 15.6	Wounds, Burns 4.2
Stroke 2.1	Compl. of Surgery 0.0
Respiratory 5.2	Other Conditions 14.6

**REVENUE**

Billings \$	245,691
Disallowances	24,153
Collections	221,538
Other	0
Total	221,538

**EXPENSES**

Total \$	248,940
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**STAFFING****FTEs**

Administrators	0.3
Reg. Nurse Supervisors	0.4
Registered Nurses	0.4
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	3.7
Homemakers	0.0
Other Staff	0.8
TOTAL FTEs	5.7

**Interim Healthcare**

2402 Grand Avenue  
Wausau WI 54403

Marathon County

**COUNTIES SERVED**

Marathon  
Portage  
Shawano

(715) 842-7707

License Number: 277

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 16

Number of unduplicated patients in 2002 = 170

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	124	1,860	15.0
Home Health Aide	39	3,261	83.6
Physical Therapy	82	903	11.0
Spch/Occ/Resp Therapy	21	83	4.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	26	782	30.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,889	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.8%	Medicare 70.5%
4 to 24 4.1	Medicaid 16.2
25 to 54 14.7	Other Federal 0.0
55 to 64 4.7	State Funds 0.0
65 to 74 12.4	Private Insurance 12.1
75 to 84 37.1	Self Pay 1.2
85 & over 25.3	Other 0.0
	TOTAL PATIENTS 173
Males 35.3% Females 64.7 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.2%	Digestive Disorders 2.9%
Cancer 5.3	Genitourinary Sys. 1.8
Diabetes 6.5	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 20.0
Dementia/Alzheimers 0.6	Osteopathies 2.4
Psychoses/Neuroses 0.6	Perinatal Period 0.6
Central Nervous Sys. 8.8	Ill-Defined Cond. 5.9
Paralysis/CP 2.4	Fractures 11.2
Cardiovascular 11.2	Wounds, Burns 4.1
Stroke 1.2	Compl. of Surgery 1.8
Respiratory 5.3	Other Conditions 6.5

**TOTAL NUMBER OF ADMISSIONS** 165

**PERCENT ADMISSIONS FROM:**

Private Residences	38.2%
General Hospitals	49.7
Nursing Homes	7.9
Other	4.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 158

**PERCENT DISCHARGES TO:**

Private Residences	74.7%
General Hospitals	23.4
Nursing Homes	1.3
Deaths	0.6
Other	0.0

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.3
Licensed Practical Nurses	0.2
Home Health Aides	3.0
Physical Therapists	0.8
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.6
Homemakers	0.0
Other Staff	3.1
<b>TOTAL FTES</b>	<b>11.1</b>

**REVENUE**

Billings \$	580,976
Disallowances	3,649
Collections	577,327
Other	3
<b>Total</b>	<b>577,330</b>

**EXPENSES**

<b>Total</b> \$	<b>608,344</b>
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**VNA Home Health Inc.**  
520 North 32nd Avenue  
Wausau WI 54401

Marathon County

(715) 847-2600

License Number: 73  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of patients visited on 12/5/2002 = 210  
Number of unduplicated patients in 2002 = 2,050

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,518	23,108	15.2
Home Health Aide	433	35,919	83.0
Physical Therapy	590	2,551	4.3
Spch/Occ/Resp Therapy	303	1,419	4.7
Medical Social Service	2	2	1.0
Private Duty Nursing	26	1,427	54.9
Personal Care/PC RN Supv.	393	22,632	57.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	4	186	46.5
TOTAL	XXXXXXX	87,244	XXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	6.7%	Medicare	57.5%
4 to 24	3.0	Medicaid	20.4
25 to 54	14.5	Other Federal	0.0
55 to 64	9.6	State Funds	1.7
65 to 74	18.1	Private Insurance	17.6
75 to 84	28.9	Self Pay	2.8
85 & over	19.2	Other	0.0
		TOTAL PATIENTS	2,224
Males	40.4%	Females	59.6 %

PRIMARY DIAGNOSIS			
Infectious Disorders	1.2%	Digestive Disorders	1.2%
Cancer	6.2	Genitourinary Sys.	2.5
Diabetes	4.9	Preg. & Childbirth	0.2
Diseases of Blood	1.3	Arthropathies	8.6
Dementia/Alzheimers	0.7	Osteopathies	1.6
Psychoses/Neuroses	1.5	Perinatal Period	5.9
Central Nervous Sys.	3.3	Ill-Defined Cond.	8.6
Paralysis/CP	2.3	Fractures	6.8
Cardiovascular	14.7	Wounds, Burns	6.4
Stroke	3.1	Compl. of Surgery	2.4
Respiratory	5.4	Other Conditions	11.3

#### COUNTIES SERVED

Adams  
Clark  
Forest  
Iron  
Langlade  
Lincoln  
Marathon  
Oneida  
Portage  
Price  
Shawano  
Taylor  
Wood

**TOTAL NUMBER OF ADMISSIONS** 1,827

#### PERCENT ADMISSIONS FROM:

Private Residences	36.5%
General Hospitals	48.3
Nursing Homes	8.6
Other	6.5

#### TOTAL NUMBER OF DISCHARGES

(Including Deaths) 1,886

#### PERCENT DISCHARGES TO:

Private Residences	77.6%
General Hospitals	5.0
Nursing Homes	6.9
Deaths	3.7
Other	6.8

#### STAFFING

#### FTEs

Administrators	0.0
Reg. Nurse Supervisors	1.0
Registered Nurses	28.7
Licensed Practical Nurses	1.2
Home Health Aides	27.9
Physical Therapists	4.6
Occupational Therapists	1.5
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	9.3
Homemakers	0.0
Other Staff	28.3
<b>TOTAL FTEs</b>	<b>102.4</b>

#### REVENUE

Billings	\$ 6,161,424
Disallowances	1,110,450
Collections	5,050,974
Other	90,685
<b>Total</b>	<b>5,141,659</b>

#### EXPENSES

<b>Total</b>	<b>\$ 5,455,690</b>
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**Caregivers Home Health**

3900 Hall Avenue, Suite A  
Marinette WI 54143

Marinette County

**COUNTIES SERVED**

Marinette  
Menominee

(715) 735-6490

License Number: 1005

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 82

Number of unduplicated patients in 2002 = 141

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	97	1,404	14.5
Home Health Aide	38	4,742	124.8
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	220	110.0
Personal Care/PC RN Supv.	104	13,478	129.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	19,844	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.3%	Medicare 0.0%
4 to 24 2.8	Medicaid 68.4
25 to 54 20.6	Other Federal 0.0
55 to 64 35.5	State Funds 0.0
65 to 74 29.1	Private Insurance 31.6
75 to 84 7.8	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 152

Males 54.6% Females 45.4 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 9.2%
Cancer 3.5	Genitourinary Sys. 0.0
Diabetes 22.7	Preg. & Childbirth 1.4
Diseases of Blood 0.0	Arthropathies 13.5
Dementia/Alzheimers 15.6	Osteopathies 0.0
Psychoses/Neuroses 1.4	Perinatal Period 0.7
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 2.8	Fractures 0.0
Cardiovascular 1.4	Wounds, Burns 0.0
Stroke 22.0	Compl. of Surgery 0.0
Respiratory 3.5	Other Conditions 2.1

**TOTAL NUMBER OF ADMISSIONS** 47

**PERCENT ADMISSIONS FROM:**

Private Residences	53.2%
General Hospitals	29.8
Nursing Homes	14.9
Other	2.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 53

**PERCENT DISCHARGES TO:**

Private Residences	49.1%
General Hospitals	11.3
Nursing Homes	24.5
Deaths	11.3
Other	3.8

**STAFFING****FTES**

Administrators	0.5
Reg. Nurse Supervisors	1.5
Registered Nurses	0.5
Licensed Practical Nurses	0.5
Home Health Aides	9.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	16.4
Homemakers	0.4
Other Staff	1.7
<b>TOTAL FTES</b>	<b>30.8</b>

**REVENUE**

Billings	\$ 1,128,577
Disallowances	320,260
Collections	808,317
Other	0
<b>Total</b>	<b>808,317</b>

**EXPENSES**

<b>Total</b>	<b>\$ 895,906</b>
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**Northland Lutheran Home Health Services, Inc.**  
 1105 Northland Terrace Lane  
 Marinette WI 54143                      Marinette County

**COUNTIES SERVED**  
 Marinette

(715) 735-6222

License Number: 256  
 Ownership of Agency: Nonprofit Church/Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 12/5/2002 = 19  
 Number of unduplicated patients in 2002 = 310

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	305	4,079	13.4
Home Health Aide	114	2,999	26.3
Physical Therapy	76	769	10.1
Spch/Occ/Resp Therapy	23	133	5.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	28	588	21.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,568	XXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	81.5%
4 to 24	0.3	Medicaid	3.4
25 to 54	7.1	Other Federal	0.0
55 to 64	8.4	State Funds	0.0
65 to 74	16.8	Private Insurance	10.8
75 to 84	41.9	Self Pay	3.4
85 & over	25.5	Other	0.9
		TOTAL PATIENTS	325
Males 35.8%	Females 64.2 %		

PRIMARY DIAGNOSIS			
Infectious Disorders	0.6%	Digestive Disorders	4.8%
Cancer	9.4	Genitourinary Sys.	1.9
Diabetes	10.3	Preg. & Childbirth	0.0
Diseases of Blood	2.6	Arthropathies	7.7
Dementia/Alzheimers	0.0	Osteopathies	2.3
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	1.0	Ill-Defined Cond.	2.6
Paralysis/CP	0.0	Fractures	7.7
Cardiovascular	27.1	Wounds, Burns	1.3
Stroke	3.5	Compl. of Surgery	0.3
Respiratory	8.1	Other Conditions	8.7

**TOTAL NUMBER OF ADMISSIONS** 311

**PERCENT ADMISSIONS FROM:**

Private Residences	30.5%
General Hospitals	57.9
Nursing Homes	10.0
Other	1.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 312

**PERCENT DISCHARGES TO:**

Private Residences	82.4%
General Hospitals	1.6
Nursing Homes	7.7
Deaths	5.4
Other	2.9

**STAFFING**

**FTES**

Administrators	0.8
Reg. Nurse Supervisors	1.9
Registered Nurses	5.4
Licensed Practical Nurses	0.0
Home Health Aides	2.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.5
Homemakers	0.0
Other Staff	1.6
<b>TOTAL FTES</b>	<b>12.8</b>

**REVENUE**

Billings	\$	720,988
Disallowances		8,716
Collections		712,272
Other		3,199
<b>Total</b>		<b>715,471</b>

**EXPENSES**

<b>Total</b>	\$	<b>702,185</b>
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**Northland Home Health Agency**

629 South Charles Street

Westfield WI 53964

Marquette County

**COUNTIES SERVED**

Adams

Marquette

Waushara

(608) 296-3811

License Number: 241

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 35

Number of unduplicated patients in 2002 = 198

**TOTAL NUMBER OF ADMISSIONS** 206**PERCENT ADMISSIONS FROM:**

Private Residences	35.4%
General Hospitals	44.7
Nursing Homes	15.5
Other	4.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 199

**PERCENT DISCHARGES TO:**

Private Residences	60.3%
General Hospitals	23.1
Nursing Homes	4.0
Deaths	2.5
Other	10.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	180	4,781	26.6
Home Health Aide	85	4,833	56.9
Physical Therapy	75	573	7.6
Spch/Occ/Resp Therapy	51	253	5.0
Medical Social Service	15	46	3.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	110	3,365	30.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,851	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 60.5%
4 to 24 2.0	Medicaid 25.4
25 to 54 13.6	Other Federal 0.0
55 to 64 8.6	State Funds 2.6
65 to 74 23.7	Private Insurance 4.8
75 to 84 23.7	Self Pay 6.6
85 & over 28.3	Other 0.0
	TOTAL PATIENTS 228

Males 43.9% Females 56.1 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.5%	Digestive Disorders 5.1%
Cancer 7.6	Genitourinary Sys. 3.0
Diabetes 9.1	Preg. & Childbirth 0.0
Diseases of Blood 0.5	Arthropathies 11.1
Dementia/Alzheimers 2.0	Osteopathies 2.0
Psychoses/Neuroses 1.5	Perinatal Period 0.0
Central Nervous Sys. 3.5	Ill-Defined Cond. 1.5
Paralysis/CP 2.0	Fractures 8.6
Cardiovascular 17.7	Wounds, Burns 7.6
Stroke 6.1	Compl. of Surgery 1.5
Respiratory 8.1	Other Conditions 1.0

REVENUE	
Billings \$	825,180
Disallowances	36,707
Collections	788,473
Other	0
Total	788,473

EXPENSES	
Total \$	794,172

**STAFFING FTES**

Administrators	0.6
Reg. Nurse Supervisors	1.0
Registered Nurses	4.6
Licensed Practical Nurses	0.3
Home Health Aides	3.6
Physical Therapists	0.5
Occupational Therapists	0.4
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	2.9
Homemakers	0.0
Other Staff	2.9
TOTAL FTES	16.8

**Horizon Home Care & Hospice**

8949 North Deerbrook Trail

Brown Deer WI 53223

Milwaukee County

(414) 365-8300

License Number: 150

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/5/2002 = 301

Number of unduplicated patients in 2002 = 5,281

**COUNTIES SERVED**

Dodge

Milwaukee

Ozaukee

Racine

Washington

Waukesha

**TOTAL NUMBER OF ADMISSIONS** 4,523**PERCENT ADMISSIONS FROM:**

Private Residences 39.4%

General Hospitals 55.0

Nursing Homes 2.0

Other 3.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 4,896

**PERCENT DISCHARGES TO:**

Private Residences 94.5%

General Hospitals 1.0

Nursing Homes 0.1

Deaths 2.3

Other 2.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	2,783	52,441	18.8
Home Health Aide	842	20,775	24.7
Physical Therapy	2,195	16,936	7.7
Spch/Occ/Resp Therapy	680	4,487	6.6
Medical Social Service	134	200	1.5
Private Duty Nursing	246	11,755	47.8
Personal Care/PC RN Supv.	195	11,293	57.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	352	7,879	22.4
TOTAL	XXXXXXX	125,766	XXXXX

**AGE AND SEX OF PATIENTS**      **PATIENT REIMBURSEMENT SOURCE**

Under 4	6.5%	Medicare	33.7%
4 to 24	3.2	Medicaid	3.5
25 to 54	16.5	Other Federal	0.0
55 to 64	12.5	State Funds	44.6
65 to 74	19.0	Private Insurance	16.0
75 to 84	26.4	Self Pay	1.0
85 & over	16.0	Other	1.3
		TOTAL PATIENTS	9,535

Males 39.0%      Females 61.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders	0.5%	Digestive Disorders	4.0%
Cancer	15.3	Genitourinary Sys.	2.3
Diabetes	5.0	Preg. & Childbirth	0.2
Diseases of Blood	1.2	Arthropathies	10.5
Dementia/Alzheimers	0.9	Osteopathies	1.3
Psychoses/Neuroses	2.3	Perinatal Period	5.8
Central Nervous Sys.	3.6	Ill-Defined Cond.	3.4
Paralysis/CP	1.2	Fractures	3.2
Cardiovascular	11.2	Wounds, Burns	1.3
Stroke	2.7	Compl. of Surgery	3.8
Respiratory	6.2	Other Conditions	14.1

**REVENUE**

Billings	\$ 14,181,768
Disallowances	1,783,448
Collections	12,398,320
Other	88,017
Total	12,486,337

**EXPENSES**

Total	\$ 11,815,676
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	7.8
Registered Nurses	62.7
Licensed Practical Nurses	10.7
Home Health Aides	24.2
Physical Therapists	13.6
Occupational Therapists	4.1
Speech Pathologists	0.3
Respiratory Therapists	0.0
Medical Social Workers	9.0
Other Therapeutic Staff	0.0
Personal Care Workers	7.1
Homemakers	15.3
Other Staff	61.0
TOTAL FTES	216.8

**Affiliated Home Health Care Inc.**

816 West National Avenue

Milwaukee WI 53204

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 389-3371

License Number: 326

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 51

Number of unduplicated patients in 2002 = 207

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	204	11,159	54.7
Home Health Aide	14	2,781	198.6
Physical Therapy	11	187	17.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	197	18,873	95.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	6	253	42.2
TOTAL	XXXXXXX	33,253	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 5.3%
4 to 24 6.8	Medicaid 76.5
25 to 54 42.5	Other Federal 0.0
55 to 64 17.9	State Funds 17.4
65 to 74 17.9	Private Insurance 0.0
75 to 84 10.6	Self Pay 0.8
85 & over 4.3	Other 0.0
	TOTAL PATIENTS 247

Males 33.8% Females 66.2 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.4%
Cancer 0.0	Genitourinary Sys. 1.9
Diabetes 18.4	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 5.3
Dementia/Alzheimers 2.9	Osteopathies 1.4
Psychoses/Neuroses 30.0	Perinatal Period 0.5
Central Nervous Sys. 6.8	Ill-Defined Cond. 1.0
Paralysis/CP 5.8	Fractures 2.9
Cardiovascular 4.3	Wounds, Burns 3.9
Stroke 5.3	Compl. of Surgery 0.0
Respiratory 2.4	Other Conditions 5.8

**TOTAL NUMBER OF ADMISSIONS** 96**PERCENT ADMISSIONS FROM:**

Private Residences	72.9%
General Hospitals	6.3
Nursing Homes	4.2
Other	16.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 84

**PERCENT DISCHARGES TO:**

Private Residences	57.1%
General Hospitals	27.4
Nursing Homes	2.4
Deaths	7.1
Other	6.0

**STAFFING****FTES**

Administrators	1.5
Reg. Nurse Supervisors	0.0
Registered Nurses	2.5
Licensed Practical Nurses	0.0
Home Health Aides	2.6
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	20.9
Homemakers	0.5
Other Staff	4.4
<b>TOTAL FTES</b>	<b>32.4</b>

**REVENUE**

Billings	\$ 1,354,730
Disallowances	90,035
Collections	1,264,695
Other	15
<b>Total</b>	<b>1,264,710</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,258,714</b>
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**Barry Healthcare Services Inc.**

312 East Wisconsin Avenue

Milwaukee WI 53202

Milwaukee County

(414) 272-9990

**COUNTIES SERVED**

Kenosha

Milwaukee

Ozaukee

Waukesha

License Number: 123

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 105

Number of unduplicated patients in 2002 = 184

**TOTAL NUMBER OF ADMISSIONS** 194**PERCENT ADMISSIONS FROM:**

Private Residences 57.2%

General Hospitals 30.9

Nursing Homes 3.6

Other 8.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 165

**PERCENT DISCHARGES TO:**

Private Residences 40.6%

General Hospitals 37.6

Nursing Homes 4.2

Deaths 1.8

Other 15.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	184	8,288	45.0
Home Health Aide	53	7,311	137.9
Physical Therapy	4	31	7.8
Spch/Occ/Resp Therapy	1	2	2.0
Medical Social Service	0	0	0.0
Private Duty Nursing	3	994	331.3
Personal Care/PC RN Supv.	368	40,417	109.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	8	1,104	138.0
TOTAL	XXXXXXX	58,147	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 4.7%
4 to 24 10.3	Medicaid 63.6
25 to 54 32.6	Other Federal 0.0
55 to 64 14.1	State Funds 29.7
65 to 74 17.4	Private Insurance 1.3
75 to 84 12.5	Self Pay 0.8
85 & over 12.5	Other 0.0
	TOTAL PATIENTS 236

Males 41.3% Females 58.7 %

PRIMARY DIAGNOSIS	
Infectious Disorders 2.7%	Digestive Disorders 0.5%
Cancer 2.7	Genitourinary Sys. 4.3
Diabetes 2.7	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 17.9
Dementia/Alzheimers 3.8	Osteopathies 2.7
Psychoses/Neuroses 2.7	Perinatal Period 0.0
Central Nervous Sys. 4.9	Ill-Defined Cond. 2.2
Paralysis/CP 15.2	Fractures 1.1
Cardiovascular 4.3	Wounds, Burns 1.6
Stroke 9.8	Compl. of Surgery 0.5
Respiratory 8.7	Other Conditions 11.4

**REVENUE**

Billings	\$ 3,487,514
Disallowances	966,679
Collections	2,520,835
Other	173,587
Total	2,694,422

**EXPENSES**

Total	\$ 2,266,793
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	5.7
Licensed Practical Nurses	4.8
Home Health Aides	5.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	52.0
Homemakers	1.4
Other Staff	6.0
TOTAL FTES	77.1

**Covenant Home Health & Hospice Inc.**

9688 West Appleton Avenue

Milwaukee WI 53225

Milwaukee County

(414) 535-6900

License Number: 179

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 165

Number of unduplicated patients in 2002 = 6,437

**COUNTIES SERVED**

Kenosha

Milwaukee

Ozaukee

Racine

Washington

Waukesha

**TOTAL NUMBER OF ADMISSIONS** 6,086**PERCENT ADMISSIONS FROM:**

Private Residences 25.6%

General Hospitals 68.5

Nursing Homes 5.8

Other 0.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 6,130

**PERCENT DISCHARGES TO:**

Private Residences 86.2%

General Hospitals 5.2

Nursing Homes 2.2

Deaths 2.6

Other 3.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	4,232	57,386	13.6
Home Health Aide	421	19,948	47.4
Physical Therapy	2,631	13,157	5.0
Spch/Occ/Resp Therapy	894	4,567	5.1
Medical Social Service	217	542	2.5
Private Duty Nursing	8	3,400	425.0
Personal Care/PC RN Supv.	202	4,677	23.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	23	411	17.9
TOTAL	XXXXXXX	104,088	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 14.9%	Medicare 43.6%
4 to 24 1.9	Medicaid 9.4
25 to 54 12.7	Other Federal 0.0
55 to 64 9.7	State Funds 0.1
65 to 74 17.3	Private Insurance 45.5
75 to 84 26.1	Self Pay 1.4
85 & over 17.4	Other 0.0
	TOTAL PATIENTS 6,437

Males 43.0% Females 57.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.2%	Digestive Disorders 3.9%
Cancer 8.2	Genitourinary Sys. 2.8
Diabetes 3.4	Preg. & Childbirth 0.5
Diseases of Blood 0.9	Arthropathies 9.0
Dementia/Alzheimers 0.4	Osteopathies 1.4
Psychoses/Neuroses 0.8	Perinatal Period 12.1
Central Nervous Sys. 2.7	Ill-Defined Cond. 5.2
Paralysis/CP 0.5	Fractures 5.9
Cardiovascular 16.0	Wounds, Burns 2.2
Stroke 3.7	Compl. of Surgery 4.8
Respiratory 5.4	Other Conditions 8.9

REVENUE	
Billings	\$ 13,420,218
Disallowances	3,655,427
Collections	9,764,791
Other	807
Total	9,765,598

EXPENSES	
Total	\$ 8,916,349

**STAFFING FTES**

Administrators 1.0

Reg. Nurse Supervisors 7.7

Registered Nurses 79.5

Licensed Practical Nurses 12.7

Home Health Aides 32.1

Physical Therapists 13.3

Occupational Therapists 2.6

Speech Pathologists 1.7

Respiratory Therapists 0.0

Medical Social Workers 3.6

Other Therapeutic Staff 0.0

Personal Care Workers 4.6

Homemakers 0.6

Other Staff 20.9

TOTAL FTES 180.1



**Laabs Home Health Care Inc.**

619 North 35th  
Milwaukee WI 53208

Milwaukee County

**COUNTIES SERVED**

Milwaukee  
Waukesha

(414) 342-7442

License Number: 147

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 36

Number of unduplicated patients in 2002 = 76

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	57	12,095	212.2
Home Health Aide	10	4,539	453.9
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	8	1,596	199.5
Personal Care/PC RN Supv.	36	2,753	76.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	20,983	XXXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	2.6%	Medicare	17.9%
4 to 24	17.1	Medicaid	52.6
25 to 54	32.9	Other Federal	0.0
55 to 64	10.5	State Funds	11.5
65 to 74	14.5	Private Insurance	7.7
75 to 84	13.2	Self Pay	10.3
85 & over	9.2	Other	0.0
		TOTAL PATIENTS	78

Males 50.0% Females 50.0 %

PRIMARY DIAGNOSIS			
Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	0.0	Genitourinary Sys.	1.3
Diabetes	31.6	Preg. & Childbirth	0.0
Diseases of Blood	3.9	Arthropathies	6.6
Dementia/Alzheimers	1.3	Osteopathies	0.0
Psychoses/Neuroses	5.3	Perinatal Period	2.6
Central Nervous Sys.	10.5	Ill-Defined Cond.	2.6
Paralysis/CP	1.3	Fractures	1.3
Cardiovascular	1.3	Wounds, Burns	17.1
Stroke	5.3	Compl. of Surgery	0.0
Respiratory	3.9	Other Conditions	3.9

**TOTAL NUMBER OF ADMISSIONS** 28

**PERCENT ADMISSIONS FROM:**

Private Residences	42.9%
General Hospitals	21.4
Nursing Homes	3.6
Other	32.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 44

**PERCENT DISCHARGES TO:**

Private Residences	59.1%
General Hospitals	15.9
Nursing Homes	9.1
Deaths	15.9
Other	0.0

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.7
Licensed Practical Nurses	5.0
Home Health Aides	4.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.0
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTES</b>	<b>21.4</b>

**REVENUE**

Billings	\$ 1,790,485
Disallowances	448,874
Collections	1,341,611
Other	0
<b>Total</b>	<b>1,341,611</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,272,632</b>
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**Metro Home Health Services Inc.**

6014 West Congress Street

Milwaukee WI 53218

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 464-4490

License Number: 23

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 122

Number of unduplicated patients in 2002 = 224

**TOTAL NUMBER OF ADMISSIONS** 71**PERCENT ADMISSIONS FROM:**

Private Residences	11.3%
General Hospitals	73.2
Nursing Homes	0.0
Other	15.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 51

**PERCENT DISCHARGES TO:**

Private Residences	54.9%
General Hospitals	25.5
Nursing Homes	0.0
Deaths	0.0
Other	19.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	164	2,351	14.3
Home Health Aide	18	2,074	115.2
Physical Therapy	19	305	16.1
Spch/Occ/Resp Therapy	6	88	14.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	430	57,374	133.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	375	125.0
TOTAL	XXXXXXX	62,567	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 10.3%
4 to 24 2.7	Medicaid 53.0
25 to 54 24.6	Other Federal 0.0
55 to 64 13.8	State Funds 32.8
65 to 74 25.0	Private Insurance 3.2
75 to 84 20.5	Self Pay 0.4
85 & over 13.4	Other 0.4
	TOTAL PATIENTS 253

Males 25.0% Females 75.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.8%
Cancer 2.7	Genitourinary Sys. 3.1
Diabetes 4.9	Preg. & Childbirth 0.9
Diseases of Blood 0.0	Arthropathies 25.0
Dementia/Alzheimers 5.4	Osteopathies 0.4
Psychoses/Neuroses 4.9	Perinatal Period 0.0
Central Nervous Sys. 2.7	Ill-Defined Cond. 1.8
Paralysis/CP 7.1	Fractures 3.6
Cardiovascular 6.7	Wounds, Burns 1.3
Stroke 12.9	Compl. of Surgery 0.0
Respiratory 5.8	Other Conditions 8.9

**REVENUE**

Billings	\$ 3,651,513
Disallowances	571,825
Collections	3,079,688
Other	18,135
Total	3,097,823

**EXPENSES**

Total	\$ 3,000,826
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.8
Licensed Practical Nurses	0.0
Home Health Aides	7.2
Physical Therapists	0.2
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	2.0
Other Therapeutic Staff	0.0
Personal Care Workers	74.0
Homemakers	0.1
Other Staff	9.6
TOTAL FTEs	97.9

**Midamerica Healthcare Corporation of Wisconsin**  
 7905 West Appleton Avenue #201  
 Milwaukee WI 53218 Milwaukee County

**COUNTIES SERVED**  
 Milwaukee  
 Waukesha

(414) 578-2961

License Number: 309  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 12/5/2002 = 273  
 Number of unduplicated patients in 2002 = 401

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	143	849	5.9
Home Health Aide	14	1,838	131.3
Physical Therapy	14	150	10.7
Spch/Occ/Resp Therapy	9	27	3.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	703	174,434	248.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	9	443	49.2
TOTAL	XXXXXXX	177,741	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 3.4%
4 to 24 4.0	Medicaid 70.8
25 to 54 9.5	Other Federal 0.0
55 to 64 11.5	State Funds 19.5
65 to 74 25.2	Private Insurance 0.2
75 to 84 33.9	Self Pay 0.2
85 & over 16.0	Other 6.0
	TOTAL PATIENTS 503
Males 33.4% Females 66.6 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.0%
Cancer 1.0	Genitourinary Sys. 1.5
Diabetes 6.7	Preg. & Childbirth 0.0
Diseases of Blood 1.2	Arthropathies 30.9
Dementia/Alzheimers 3.7	Osteopathies 2.7
Psychoses/Neuroses 3.5	Perinatal Period 0.2
Central Nervous Sys. 1.5	Ill-Defined Cond. 3.2
Paralysis/CP 3.2	Fractures 2.7
Cardiovascular 6.0	Wounds, Burns 1.7
Stroke 8.7	Compl. of Surgery 0.0
Respiratory 8.0	Other Conditions 12.2

**TOTAL NUMBER OF ADMISSIONS** 124

**PERCENT ADMISSIONS FROM:**

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 137

**PERCENT DISCHARGES TO:**

Private Residences	56.9%
General Hospitals	10.2
Nursing Homes	7.3
Deaths	3.6
Other	21.9

**STAFFING**

**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	7.6
Licensed Practical Nurses	0.0
Home Health Aides	5.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	144.8
Homemakers	0.2
Other Staff	7.5
<b>TOTAL FTEs</b>	<b>168.6</b>

**REVENUE**

Billings	\$ 7,024,257
Disallowances	2,128,712
Collections	4,895,545
Other	1,631
<b>Total</b>	<b>4,897,176</b>

**EXPENSES**

<b>Total</b>	<b>\$ 4,734,552</b>
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**Preferred Home Health Services, LLC**

10919 West Bluemound Road

Milwaukee WI 53226

Milwaukee County

**COUNTIES SERVED**

Milwaukee

Waukesha

(414) 774-3901

License Number: 278

Ownership of Agency: Limited Liability Partnership

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 85

Number of unduplicated patients in 2002 = 213

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	86	6,418	74.6
Home Health Aide	31	4,821	155.5
Physical Therapy	8	119	14.9
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	1	134	134.0
Personal Care/PC RN Supv.	281	19,622	69.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	161	53.7
TOTAL	XXXXXXX	31,275	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 12.6%
4 to 24 6.1	Medicaid 68.8
25 to 54 38.5	Other Federal 0.0
55 to 64 16.4	State Funds 13.8
65 to 74 15.5	Private Insurance 1.9
75 to 84 16.4	Self Pay 3.0
85 & over 6.6	Other 0.0
	TOTAL PATIENTS 269
Males 24.9% Females 75.1 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.5%
Cancer 2.8	Genitourinary Sys. 3.3
Diabetes 5.6	Preg. & Childbirth 0.0
Diseases of Blood 3.3	Arthropathies 26.8
Dementia/Alzheimers 1.4	Osteopathies 0.5
Psychoses/Neuroses 8.9	Perinatal Period 0.0
Central Nervous Sys. 3.3	Ill-Defined Cond. 8.0
Paralysis/CP 6.1	Fractures 2.3
Cardiovascular 4.2	Wounds, Burns 8.0
Stroke 2.8	Compl. of Surgery 0.0
Respiratory 3.3	Other Conditions 8.9

**TOTAL NUMBER OF ADMISSIONS** 156**PERCENT ADMISSIONS FROM:**

Private Residences	83.3%
General Hospitals	14.7
Nursing Homes	0.0
Other	1.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 129

**PERCENT DISCHARGES TO:**

Private Residences	68.2%
General Hospitals	17.8
Nursing Homes	4.7
Deaths	7.0
Other	2.3

**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	4.1
Licensed Practical Nurses	0.0
Home Health Aides	6.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	23.0
Homemakers	0.1
Other Staff	3.3
<b>TOTAL FTEs</b>	<b>37.5</b>

**REVENUE**

Billings	\$ 1,958,992
Disallowances	640,115
Collections	1,318,877
Other	0
<b>Total</b>	<b>1,318,877</b>

**EXPENSES**

<b>Total</b>	<b>\$ 976,503</b>
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**Quality Assurance Home Health Services**

8320 West Beatrice Court

Milwaukee WI 53224

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 362-0362

License Number: 1023

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 6

Number of unduplicated patients in 2002 = 44

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	31	1,132	36.5
Home Health Aide	7	177	25.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	3	5	1.7
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	24	417	17.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,731	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 43.2%
4 to 24 2.3	Medicaid 56.8
25 to 54 25.0	Other Federal 0.0
55 to 64 15.9	State Funds 0.0
65 to 74 18.2	Private Insurance 0.0
75 to 84 18.2	Self Pay 0.0
85 & over 20.5	Other 0.0
	TOTAL PATIENTS 44

Males 27.3% Females 72.7 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 2.3	Genitourinary Sys. 0.0
Diabetes 27.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 9.1
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 2.3
Paralysis/CP 6.8	Fractures 0.0
Cardiovascular 20.5	Wounds, Burns 11.4
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 4.5	Other Conditions 15.9

**TOTAL NUMBER OF ADMISSIONS** 44**PERCENT ADMISSIONS FROM:**

Private Residences	93.2%
General Hospitals	6.8
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 13

**PERCENT DISCHARGES TO:**

Private Residences	84.6%
General Hospitals	7.7
Nursing Homes	0.0
Deaths	7.7
Other	0.0

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.4
Licensed Practical Nurses	1.4
Home Health Aides	1.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.5
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	9.0

**REVENUE**

Billings \$	16,980
Disallowances	12,655
Collections	4,325
Other	0
Total	4,325

**EXPENSES**

Total \$	390,137
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**Visiting Nurse Association of Wisconsin**

11333 West National Avenue

Milwaukee WI 53227

Milwaukee County

(414) 327-2295

License Number: 81

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/5/2002 = 651

Number of unduplicated patients in 2002 = 10,798

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	9,251	116,363	12.6
Home Health Aide	1,760	40,564	23.0
Physical Therapy	3,935	31,143	7.9
Spch/Occ/Resp Therapy	1,600	10,089	6.3
Medical Social Service	1,260	2,807	2.2
Private Duty Nursing	5	643	128.6
Personal Care/PC RN Supv.	617	31,542	51.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	113	5,403	47.8
TOTAL	XXXXXXX	238,554	XXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	5.1%	Medicare	65.7%
4 to 24	4.0	Medicaid	8.2
25 to 54	14.7	Other Federal	0.4
55 to 64	11.4	State Funds	0.5
65 to 74	18.5	Private Insurance	22.9
75 to 84	29.5	Self Pay	2.4
85 & over	16.7	Other	0.0
		TOTAL PATIENTS	10,798
Males	42.3%	Females	57.7 %

PRIMARY DIAGNOSIS			
Infectious Disorders	0.7%	Digestive Disorders	4.9%
Cancer	10.2	Genitourinary Sys.	3.1
Diabetes	5.1	Preg. & Childbirth	0.4
Diseases of Blood	1.2	Arthropathies	8.9
Dementia/Alzheimers	0.5	Osteopathies	1.6
Psychoses/Neuroses	1.7	Perinatal Period	1.9
Central Nervous Sys.	2.3	Ill-Defined Cond.	6.3
Paralysis/CP	0.4	Fractures	4.2
Cardiovascular	21.7	Wounds, Burns	2.2
Stroke	2.7	Compl. of Surgery	3.9
Respiratory	5.8	Other Conditions	10.1

**COUNTIES SERVED**

Brown  
Calumet  
Dodge  
Fond du Lac  
Jefferson  
Kenosha  
Kewaunee  
Manitowoc  
Milwaukee  
Outagamie  
Ozaukee  
Racine  
Sheboygan  
Walworth  
Washington  
Waukesha  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 10,839**PERCENT ADMISSIONS FROM:**

Private Residences	32.2%
General Hospitals	61.1
Nursing Homes	2.4
Other	4.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 10,676

**PERCENT DISCHARGES TO:**

Private Residences	78.1%
General Hospitals	11.6
Nursing Homes	2.6
Deaths	1.6
Other	6.2

**STAFFING****FTES**

Administrators	3.0
Reg. Nurse Supervisors	20.0
Registered Nurses	83.5
Licensed Practical Nurses	10.1
Home Health Aides	60.0
Physical Therapists	25.8
Occupational Therapists	6.0
Speech Pathologists	1.8
Respiratory Therapists	0.0
Medical Social Workers	5.7
Other Therapeutic Staff	0.9
Personal Care Workers	0.0
Homemakers	7.1
Other Staff	101.9
<b>TOTAL FTES</b>	<b>325.7</b>

**REVENUE**

Billings	\$ 23,968,775
Disallowances	492,775
Collections	23,476,000
Other	826,318
<b>Total</b>	<b>24,302,318</b>

**EXPENSES**

<b>Total</b>	<b>\$ 24,359,518</b>
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**"Your Nurse" Home Health Care**

5818 West Bluemound Road, #100

Milwaukee WI 53213

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 774-9400

License Number: 312

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 19

Number of unduplicated patients in 2002 = 32

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	24	4,594	191.4
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	5	958	191.6
Personal Care/PC RN Supv.	18	1,476	82.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,028	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 15.6	Medicaid 78.1
25 to 54 46.9	Other Federal 0.0
55 to 64 15.6	State Funds 21.9
65 to 74 6.3	Private Insurance 0.0
75 to 84 12.5	Self Pay 0.0
85 & over 3.1	Other 0.0
	TOTAL PATIENTS 32

Males 59.4% Females 40.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 28.1
Diabetes 9.4	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 3.1
Dementia/Alzheimers 3.1	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 15.6
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 6.3	Wounds, Burns 15.6
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 12.5	Other Conditions 6.3

**TOTAL NUMBER OF ADMISSIONS** 9**PERCENT ADMISSIONS FROM:**

Private Residences	66.7%
General Hospitals	22.2
Nursing Homes	0.0
Other	11.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 11

**PERCENT DISCHARGES TO:**

Private Residences	36.4%
General Hospitals	27.3
Nursing Homes	0.0
Deaths	27.3
Other	9.1

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.1
Licensed Practical Nurses	3.6
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.8
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	9.4

**REVENUE**

Billings	\$ 1,059,531
Disallowances	415,831
Collections	643,700
Other	27,738
Total	671,438

**EXPENSES**

Total	\$ 682,381
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**Nursing Consultation and Care Management, Inc.**  
 3878 North Morris Boulevard  
 Shorewood WI 53211 Milwaukee County

**COUNTIES SERVED**  
 Milwaukee

(414) 964-8800

License Number: 225  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? No  
 Title 19 (Medicaid) certified? No  
 Affiliated with a hospital? No  
 Number of patients visited on 12/5/2002 = 7  
 Number of unduplicated patients in 2002 = 18

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	18	216	12.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	1	605	605.0
Personal Care/PC RN Supv.	36	3,427	95.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,248	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 0.0	Medicaid 0.0
25 to 54 5.6	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 5.6	Private Insurance 0.0
75 to 84 38.9	Self Pay 100.0
85 & over 50.0	Other 0.0
	TOTAL PATIENTS 18
Males 16.7% Females 83.3 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 5.6	Genitourinary Sys. 0.0
Diabetes 11.1	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 16.7	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 5.6	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 27.8
Cardiovascular 11.1	Wounds, Burns 0.0
Stroke 5.6	Compl. of Surgery 5.6
Respiratory 5.6	Other Conditions 5.6

**TOTAL NUMBER OF ADMISSIONS** 10

**PERCENT ADMISSIONS FROM:**

Private Residences	80.0%
General Hospitals	10.0
Nursing Homes	10.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 11

**PERCENT DISCHARGES TO:**

Private Residences	36.4%
General Hospitals	0.0
Nursing Homes	18.2
Deaths	45.5
Other	0.0

**STAFFING**

**FTEs**

Administrators	2.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.4
Licensed Practical Nurses	0.4
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.5
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTEs</b>	<b>12.3</b>

**REVENUE**

Billings \$	588,589
Disallowances	0
Collections	588,589
Other	117,146
<b>Total</b>	<b>705,735</b>

**EXPENSES**

<b>Total \$</b>	<b>708,550</b>
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**Anew Home Health Care**

7425 Harwood Avenue

Wauwatosa WI 53213

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 475-7788

License Number: 122

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 35

Number of unduplicated patients in 2002 = 150

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	12	246	20.5
Home Health Aide	17	1,895	111.5
Physical Therapy	8	203	25.4
Spch/Occ/Resp Therapy	1	9	9.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	222	20,850	93.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	5	141	28.2
TOTAL	XXXXXXX	23,344	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 11.0%
4 to 24 4.7	Medicaid 72.7
25 to 54 19.3	Other Federal 0.0
55 to 64 10.7	State Funds 3.2
65 to 74 18.7	Private Insurance 13.0
75 to 84 20.7	Self Pay 0.0
85 & over 26.0	Other 0.0
	TOTAL PATIENTS 154

Males 21.3% Females 78.7 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.7%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 1.3
Diabetes 1.3	Preg. & Childbirth 0.0
Diseases of Blood 0.7	Arthropathies 36.7
Dementia/Alzheimers 3.3	Osteopathies 0.0
Psychoses/Neuroses 1.3	Perinatal Period 0.7
Central Nervous Sys. 5.3	Ill-Defined Cond. 6.7
Paralysis/CP 3.3	Fractures 2.0
Cardiovascular 6.0	Wounds, Burns 2.7
Stroke 8.7	Compl. of Surgery 0.7
Respiratory 6.0	Other Conditions 12.7

**TOTAL NUMBER OF ADMISSIONS** 46**PERCENT ADMISSIONS FROM:**

Private Residences	73.9%
General Hospitals	26.1
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 100

**PERCENT DISCHARGES TO:**

Private Residences	92.0%
General Hospitals	3.0
Nursing Homes	1.0
Deaths	4.0
Other	0.0

**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	0.0
Registered Nurses	2.3
Licensed Practical Nurses	0.1
Home Health Aides	0.8
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	12.7
Homemakers	0.3
Other Staff	4.0
<b>TOTAL FTEs</b>	<b>20.8</b>

**REVENUE**

Billings	\$ 1,066,471
Disallowances	17,224
Collections	1,049,247
Other	0
<b>Total</b>	<b>1,049,247</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,036,229</b>
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**Camillus Cares Home Health**  
 10101 West Wisconsin Avenue  
 Wauwatosa WI 53226

Milwaukee County

**COUNTIES SERVED**

Milwaukee  
 Walworth

(414) 258-2418

License Number: 148  
 Ownership of Agency: Nonprofit Private  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 12/5/2002 = 12  
 Number of unduplicated patients in 2002 = 141

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	75	1,634	21.8
Home Health Aide	40	2,943	73.6
Physical Therapy	38	252	6.6
Spch/Occ/Resp Therapy	14	59	4.2
Medical Social Service	0	0	0.0
Private Duty Nursing	20	420	21.0
Personal Care/PC RN Supv.	12	619	51.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,927	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 59.2%
4 to 24 0.0	Medicaid 7.8
25 to 54 6.4	Other Federal 0.0
55 to 64 2.8	State Funds 0.0
65 to 74 9.2	Private Insurance 4.5
75 to 84 29.8	Self Pay 28.5
85 & over 51.8	Other 0.0
	TOTAL PATIENTS 179
Males 19.9% Females 80.1 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.7%	Digestive Disorders 4.3%
Cancer 5.7	Genitourinary Sys. 5.0
Diabetes 4.3	Preg. & Childbirth 0.0
Diseases of Blood 2.1	Arthropathies 9.9
Dementia/Alzheimers 2.8	Osteopathies 1.4
Psychoses/Neuroses 6.4	Perinatal Period 0.0
Central Nervous Sys. 3.5	Ill-Defined Cond. 8.5
Paralysis/CP 0.7	Fractures 7.1
Cardiovascular 22.0	Wounds, Burns 1.4
Stroke 5.0	Compl. of Surgery 0.0
Respiratory 7.1	Other Conditions 2.1

REVENUE	
Billings \$	738,248
Disallowances	243,264
Collections	494,984
Other	0
Total	494,984

EXPENSES	
Total \$	651,890

**TOTAL NUMBER OF ADMISSIONS** 107

**PERCENT ADMISSIONS FROM:**

Private Residences	65.4%
General Hospitals	15.0
Nursing Homes	15.9
Other	3.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 100

**PERCENT DISCHARGES TO:**

Private Residences	57.0%
General Hospitals	13.0
Nursing Homes	9.0
Deaths	10.0
Other	11.0

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.8
Registered Nurses	1.3
Licensed Practical Nurses	0.1
Home Health Aides	15.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
<b>TOTAL FTES</b>	<b>21.3</b>

**ANS Home Health Services Inc.**

2711 South 84th Street

West Allis WI 53227

Milwaukee County

(414) 481-9808

**COUNTIES SERVED**

Milwaukee

Ozaukee

Washington

Waukesha

License Number: 306

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 269

Number of unduplicated patients in 2002 = 416

**TOTAL NUMBER OF ADMISSIONS** 234**PERCENT ADMISSIONS FROM:**

Private Residences	51.3%
General Hospitals	44.4
Nursing Homes	3.8
Other	0.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 185

**PERCENT DISCHARGES TO:**

Private Residences	37.3%
General Hospitals	51.9
Nursing Homes	2.2
Deaths	7.6
Other	1.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	416	11,367	27.3
Home Health Aide	49	16,899	344.9
Physical Therapy	15	94	6.3
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	776	78,587	101.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	12	1,945	162.1
TOTAL	XXXXXXX	108,892	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 0.0%
4 to 24 6.0	Medicaid 80.7
25 to 54 19.0	Other Federal 1.4
55 to 64 12.5	State Funds 12.4
65 to 74 22.4	Private Insurance 1.0
75 to 84 29.1	Self Pay 4.3
85 & over 10.3	Other 0.0
	TOTAL PATIENTS 483

Males 43.8% Females 56.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.5%	Digestive Disorders 0.2%
Cancer 2.2	Genitourinary Sys. 2.4
Diabetes 2.6	Preg. & Childbirth 0.0
Diseases of Blood 1.0	Arthropathies 14.4
Dementia/Alzheimers 2.9	Osteopathies 26.0
Psychoses/Neuroses 1.0	Perinatal Period 3.8
Central Nervous Sys. 6.3	Ill-Defined Cond. 3.1
Paralysis/CP 5.3	Fractures 1.2
Cardiovascular 3.8	Wounds, Burns 6.3
Stroke 8.2	Compl. of Surgery 0.2
Respiratory 1.9	Other Conditions 6.7

**REVENUE**

Billings	\$ 8,636,835
Disallowances	2,949,818
Collections	5,687,017
Other	0
Total	5,687,017

**EXPENSES**

Total	\$ 5,820,329
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	9.4
Licensed Practical Nurses	0.0
Home Health Aides	38.0
Physical Therapists	0.5
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	77.9
Homemakers	1.0
Other Staff	10.9
TOTAL FTES	139.7

**Gentiva Health Services**

10909 West Greenfield Avenue

West Allis WI 53214

Milwaukee County

(414) 257-1156

License Number: 237

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 64

Number of unduplicated patients in 2002 = 1,205

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,101	7,400	6.7
Home Health Aide	83	4,524	54.5
Physical Therapy	345	2,492	7.2
Spch/Occ/Resp Therapy	119	784	6.6
Medical Social Service	13	16	1.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	12	2,752	229.3
Other Home Health Care	26	109	4.2
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	18,077	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 23.9%	Medicare 18.3%
4 to 24 12.4	Medicaid 11.7
25 to 54 16.8	Other Federal 0.0
55 to 64 9.9	State Funds 0.0
65 to 74 9.5	Private Insurance 62.6
75 to 84 11.2	Self Pay 7.3
85 & over 16.4	Other 0.0
	TOTAL PATIENTS 1,416

PRIMARY DIAGNOSIS	
Infectious Disorders 0.5%	Digestive Disorders 2.5%
Cancer 3.4	Genitourinary Sys. 2.2
Diabetes 4.0	Preg. & Childbirth 0.7
Diseases of Blood 0.2	Arthropathies 7.6
Dementia/Alzheimers 0.2	Osteopathies 0.0
Psychoses/Neuroses 0.6	Perinatal Period 16.0
Central Nervous Sys. 5.5	Ill-Defined Cond. 14.4
Paralysis/CP 0.0	Fractures 7.1
Cardiovascular 7.1	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 2.7
Respiratory 7.5	Other Conditions 17.8

**COUNTIES SERVED**

Adams

Columbia

Dane

Dodge

Fond du Lac

Green

Iowa

Jackson

Kenosha

LaFayette

Marquette

Milwaukee

Ozaukee

Racine

Richland

Rock

Sauk

Sheboygan

Washington

Waukesha

**TOTAL NUMBER OF ADMISSIONS** 1,067**PERCENT ADMISSIONS FROM:**

Private Residences	68.4%
General Hospitals	23.3
Nursing Homes	1.7
Other	6.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,033

**PERCENT DISCHARGES TO:**

Private Residences	88.4%
General Hospitals	3.0
Nursing Homes	1.5
Deaths	1.5
Other	5.7

**STAFFING****FTES**

Administrators	0.4
Reg. Nurse Supervisors	3.5
Registered Nurses	14.3
Licensed Practical Nurses	1.0
Home Health Aides	8.9
Physical Therapists	3.1
Occupational Therapists	0.5
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.0
Personal Care Workers	0.3
Homemakers	0.0
Other Staff	3.4
<b>TOTAL FTES</b>	<b>35.5</b>

**REVENUE**

Billings	\$ 3,530,388
Disallowances	1,159,162
Collections	2,371,226
Other	0
<b>Total</b>	<b>2,371,226</b>

**EXPENSES**

<b>Total</b>	<b>\$ 2,405,320</b>
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**Gentiva Health Services**

10909 West Greenfield Avenue

West Allis WI 53214

Milwaukee County

(414) 257-7756

License Number: 287

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 15

Number of unduplicated patients in 2002 = 193

**COUNTIES SERVED**

Dane

Green

Jefferson

Kenosha

Marquette

Milwaukee

Ozaukee

Racine

Rock

Walworth

Washington

Waukesha

**TOTAL NUMBER OF ADMISSIONS** 117**PERCENT ADMISSIONS FROM:**

Private Residences 65.8%

General Hospitals 11.1

Nursing Homes 2.6

Other 20.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 128

**PERCENT DISCHARGES TO:**

Private Residences 54.7%

General Hospitals 8.6

Nursing Homes 7.8

Deaths 3.9

Other 25.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	38	3,347	88.1
Home Health Aide	74	4,295	58.0
Physical Therapy	1	6	6.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	17	1,890	111.2
Personal Care/PC RN Supv.	246	20,018	81.4
Other Home Health Care	118	1,065	9.0
Homemkr & Other Non HH	9	170	18.9
TOTAL	XXXXXXX	30,791	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.1%	Medicare 0.0%
4 to 24 13.5	Medicaid 0.0
25 to 54 19.2	Other Federal 0.0
55 to 64 14.0	State Funds 0.0
65 to 74 11.4	Private Insurance 85.9
75 to 84 19.7	Self Pay 14.1
85 & over 18.1	Other 0.0
	TOTAL PATIENTS 263

Males 41.5% Females 58.5 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 2.6%
Cancer 4.1	Genitourinary Sys. 0.5
Diabetes 4.1	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 11.9
Dementia/Alzheimers 3.1	Osteopathies 0.0
Psychoses/Neuroses 3.1	Perinatal Period 0.0
Central Nervous Sys. 21.8	Ill-Defined Cond. 8.3
Paralysis/CP 0.0	Fractures 4.7
Cardiovascular 17.6	Wounds, Burns 0.0
Stroke 0.5	Compl. of Surgery 0.5
Respiratory 5.7	Other Conditions 11.4

REVENUE	
Billings \$	987,343
Disallowances	129,050
Collections	858,293
Other	0
Total	858,293

EXPENSES	
Total \$	1,035,089

**STAFFING FTES**

Administrators 0.6

Reg. Nurse Supervisors 2.3

Registered Nurses 10.9

Licensed Practical Nurses 1.7

Home Health Aides 9.2

Physical Therapists 3.1

Occupational Therapists 0.5

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.2

Other Therapeutic Staff 0.0

Personal Care Workers 0.2

Homemakers 0.0

Other Staff 6.4

TOTAL FTES 35.1

**Professional Home Care Service**

8410 West Cleveland Avenue

West Allis WI 53227

Milwaukee County

**COUNTIES SERVED**

Milwaukee

Racine

Waukesha

(414) 541-6010

License Number: 279

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 47

Number of unduplicated patients in 2002 = 107

**TOTAL NUMBER OF ADMISSIONS** 117**PERCENT ADMISSIONS FROM:**

Private Residences	97.4%
General Hospitals	2.6
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 97

**PERCENT DISCHARGES TO:**

Private Residences	39.2%
General Hospitals	46.4
Nursing Homes	10.3
Deaths	3.1
Other	1.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	105	1,346	12.8
Home Health Aide	14	2,225	158.9
Physical Therapy	2	29	14.5
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	210	12,377	58.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	15,977	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 2.1%
4 to 24 6.5	Medicaid 10.6
25 to 54 20.6	Other Federal 0.0
55 to 64 14.0	State Funds 54.6
65 to 74 25.2	Private Insurance 0.0
75 to 84 27.1	Self Pay 32.6
85 & over 6.5	Other 0.0
	TOTAL PATIENTS 141

Males 43.9% Females 56.1 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.9%
Cancer 3.7	Genitourinary Sys. 0.0
Diabetes 6.5	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 7.5
Dementia/Alzheimers 5.6	Osteopathies 0.0
Psychoses/Neuroses 7.5	Perinatal Period 0.0
Central Nervous Sys. 3.7	Ill-Defined Cond. 0.0
Paralysis/CP 10.3	Fractures 3.7
Cardiovascular 6.5	Wounds, Burns 6.5
Stroke 8.4	Compl. of Surgery 0.0
Respiratory 9.3	Other Conditions 19.6

REVENUE	
Billings \$	575,444
Disallowances	1,355
Collections	574,089
Other	0
Total	574,089

EXPENSES	
Total \$	585,327

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.8
Licensed Practical Nurses	0.0
Home Health Aides	1.6
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	10.5
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	17.8

**Monroe County Health Department**

14301 County Highway B, Box 18

Sparta WI 54656

Monroe County

**COUNTIES SERVED**

Monroe

(608) 269-8666

License Number: 83

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 14

Number of unduplicated patients in 2002 = 124

**TOTAL NUMBER OF ADMISSIONS** 55**PERCENT ADMISSIONS FROM:**

Private Residences	9.1%
General Hospitals	49.1
Nursing Homes	9.1
Other	32.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 66

**PERCENT DISCHARGES TO:**

Private Residences	42.4%
General Hospitals	25.8
Nursing Homes	10.6
Deaths	10.6
Other	10.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	124	2,394	19.3
Home Health Aide	73	1,668	22.8
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	24	451	18.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,513	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 41.5%
4 to 24 0.0	Medicaid 12.8
25 to 54 4.0	Other Federal 1.2
55 to 64 5.6	State Funds 6.1
65 to 74 17.7	Private Insurance 6.7
75 to 84 37.9	Self Pay 15.2
85 & over 34.7	Other 16.5
	TOTAL PATIENTS 164

Males 30.6% Females 69.4 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.8%	Digestive Disorders 2.4%
Cancer 3.2	Genitourinary Sys. 4.8
Diabetes 17.7	Preg. & Childbirth 0.0
Diseases of Blood 2.4	Arthropathies 4.8
Dementia/Alzheimers 1.6	Osteopathies 8.1
Psychoses/Neuroses 0.8	Perinatal Period 0.0
Central Nervous Sys. 2.4	Ill-Defined Cond. 2.4
Paralysis/CP 0.0	Fractures 5.6
Cardiovascular 23.4	Wounds, Burns 5.6
Stroke 4.0	Compl. of Surgery 0.0
Respiratory 3.2	Other Conditions 6.5

REVENUE	
Billings \$	389,782
Disallowances	72,452
Collections	317,330
Other	0
Total	317,330

EXPENSES	
Total \$	331,051

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.2
Licensed Practical Nurses	0.0
Home Health Aides	1.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.2
Homemakers	0.0
Other Staff	1.3
TOTAL FTES	7.3

**The Woodlands Home Health**

451 Mill Street  
Suring WI 54174

Oconto County

**COUNTIES SERVED**

Marinette  
Oconto

(920) 842-4132

License Number: 1017

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 4

Number of unduplicated patients in 2002 = 40

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	40	786	19.7
Home Health Aide	16	469	29.3
Physical Therapy	9	99	11.0
Spch/Occ/Resp Therapy	9	95	10.6
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,449	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 95.0%
4 to 24 0.0	Medicaid 0.0
25 to 54 7.5	Other Federal 0.0
55 to 64 7.5	State Funds 0.0
65 to 74 17.5	Private Insurance 5.0
75 to 84 37.5	Self Pay 0.0
85 & over 30.0	Other 0.0
	TOTAL PATIENTS 40

Males 47.5% Females 52.5 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 5.0%
Cancer 2.5	Genitourinary Sys. 7.5
Diabetes 2.5	Preg. & Childbirth 0.0
Diseases of Blood 7.5	Arthropathies 12.5
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 5.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 17.5
Cardiovascular 12.5	Wounds, Burns 0.0
Stroke 12.5	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 15.0

**TOTAL NUMBER OF ADMISSIONS** 43

**PERCENT ADMISSIONS FROM:**

Private Residences	46.5%
General Hospitals	46.5
Nursing Homes	7.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 27

**PERCENT DISCHARGES TO:**

Private Residences	85.2%
General Hospitals	7.4
Nursing Homes	7.4
Deaths	0.0
Other	0.0

**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	1.0
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.5
Occupational Therapists	0.5
Speech Pathologists	0.4
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTEs</b>	<b>4.6</b>

**REVENUE**

Billings \$	158,567
Disallowances	9,090
Collections	149,477
Other	0
<b>Total</b>	<b>149,477</b>

**EXPENSES**

<b>Total \$</b>	<b>98,877</b>
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**Ministry Home Care Home Health - Rhinelander**

1860 North Stevens Street, P. O. Box 716  
Rhinelander WI 54501 Oneida County

(715) 369-6471

License Number: 253

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 55

Number of unduplicated patients in 2002 = 578

**COUNTIES SERVED**

Forest  
Iron  
Langlade  
Lincoln  
Oneida  
Price  
Vilas

**TOTAL NUMBER OF ADMISSIONS** 660

**PERCENT ADMISSIONS FROM:**

Private Residences	41.5%
General Hospitals	50.2
Nursing Homes	7.3
Other	1.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 574

**PERCENT DISCHARGES TO:**

Private Residences	78.7%
General Hospitals	3.8
Nursing Homes	6.6
Deaths	2.3
Other	8.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	486	4,909	10.1
Home Health Aide	152	3,995	26.3
Physical Therapy	264	2,407	9.1
Spch/Occ/Resp Therapy	86	445	5.2
Medical Social Service	92	139	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	64	1,160	18.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	18	511	28.4
TOTAL	XXXXXXX	13,566	XXXXXX

**AGE AND SEX OF PATIENTS**

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.2%	Medicare	70.8%
4 to 24	2.4	Medicaid	11.3
25 to 54	12.3	Other Federal	0.2
55 to 64	11.2	State Funds	0.0
65 to 74	19.2	Private Insurance	14.1
75 to 84	31.3	Self Pay	3.6
85 & over	23.4	Other	0.2
		TOTAL PATIENTS	612

Males 40.7% Females 59.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders	0.0%	Digestive Disorders	4.0%
Cancer	7.8	Genitourinary Sys.	2.4
Diabetes	4.3	Preg. & Childbirth	0.5
Diseases of Blood	1.4	Arthropathies	11.1
Dementia/Alzheimers	1.2	Osteopathies	2.9
Psychoses/Neuroses	0.3	Perinatal Period	0.0
Central Nervous Sys.	4.7	Ill-Defined Cond.	8.8
Paralysis/CP	2.2	Fractures	7.4
Cardiovascular	13.5	Wounds, Burns	2.2
Stroke	5.0	Compl. of Surgery	5.5
Respiratory	4.3	Other Conditions	10.2

**REVENUE**

Billings	\$ 1,348,825
Disallowances	242,795
Collections	1,106,030
Other	2,863
Total	1,108,893

**EXPENSES**

Total	\$ 1,316,325
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	10.9
Licensed Practical Nurses	0.0
Home Health Aides	6.9
Physical Therapists	1.8
Occupational Therapists	0.8
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.5
Other Therapeutic Staff	0.0
Personal Care Workers	0.9
Homemakers	0.0
Other Staff	4.6
TOTAL FTES	28.4

**Ozaukee County Public Health Department**

121 West Main, Box 994

Port Washington WI 53074

Ozaukee County

**COUNTIES SERVED**

Ozaukee

(262) 284-8170

License Number: 89

Ownership of Agency: County

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 8

Number of unduplicated patients in 2002 = 54

**TOTAL NUMBER OF ADMISSIONS** 34**PERCENT ADMISSIONS FROM:**

Private Residences	47.1%
General Hospitals	2.9
Nursing Homes	5.9
Other	44.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 28

**PERCENT DISCHARGES TO:**

Private Residences	39.3%
General Hospitals	17.9
Nursing Homes	10.7
Deaths	0.0
Other	32.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	41	588	14.3
Home Health Aide	22	667	30.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	42	1,755	41.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,010	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 1.9	Medicaid 36.5
25 to 54 7.4	Other Federal 0.0
55 to 64 7.4	State Funds 0.0
65 to 74 16.7	Private Insurance 7.9
75 to 84 40.7	Self Pay 55.6
85 & over 25.9	Other 0.0
	TOTAL PATIENTS 63

Males 33.3% Females 66.7 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 5.6	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 24.1
Dementia/Alzheimers 9.3	Osteopathies 0.0
Psychoses/Neuroses 1.9	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 5.6	Fractures 0.0
Cardiovascular 3.7	Wounds, Burns 0.0
Stroke 9.3	Compl. of Surgery 0.0
Respiratory 7.4	Other Conditions 33.3

**REVENUE**

Billings \$	95,540
Disallowances	18,470
Collections	77,070
Other	0
Total	77,070

**EXPENSES**

Total \$	306,126
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.5
Licensed Practical Nurses	0.0
Home Health Aides	2.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTEs	7.0

**Pepin County Nursing Service**

740 7th Avenue West

Durand WI 54736

Pepin County

**COUNTIES SERVED**

Pepin

(715) 672-5961

License Number: 90

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 13

Number of unduplicated patients in 2002 = 114

**TOTAL NUMBER OF ADMISSIONS** 101**PERCENT ADMISSIONS FROM:**

Private Residences	55.4%
General Hospitals	22.8
Nursing Homes	12.9
Other	8.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 100

**PERCENT DISCHARGES TO:**

Private Residences	56.0%
General Hospitals	14.0
Nursing Homes	17.0
Deaths	3.0
Other	10.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	83	619	7.5
Home Health Aide	11	470	42.7
Physical Therapy	1	2	2.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	112	5,816	51.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,907	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 10.4%
4 to 24 4.4	Medicaid 43.1
25 to 54 10.5	Other Federal 0.7
55 to 64 7.9	State Funds 33.3
65 to 74 16.7	Private Insurance 4.9
75 to 84 36.0	Self Pay 7.6
85 & over 23.7	Other 0.0
	TOTAL PATIENTS 144

Males 34.2% Females 65.8 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.9%	Digestive Disorders 0.9%
Cancer 5.3	Genitourinary Sys. 2.6
Diabetes 7.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 21.1
Dementia/Alzheimers 0.9	Osteopathies 6.1
Psychoses/Neuroses 7.0	Perinatal Period 0.0
Central Nervous Sys. 2.6	Ill-Defined Cond. 1.8
Paralysis/CP 0.0	Fractures 6.1
Cardiovascular 15.8	Wounds, Burns 1.8
Stroke 7.9	Compl. of Surgery 1.8
Respiratory 2.6	Other Conditions 7.9

**REVENUE**

Billings \$	345,358
Disallowances	58,919
Collections	286,439
Other	0
Total	286,439

**EXPENSES**

Total \$	378,275
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	1.8
Licensed Practical Nurses	0.0
Home Health Aides	1.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	7.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	14.2

**Pierce County Home Care**

412 West Kinne Street, Box 238  
Ellsworth WI 54011

Pierce County

**COUNTIES SERVED**

Pierce

(715) 273-6756

License Number: 91

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 17

Number of unduplicated patients in 2002 = 74

**TOTAL NUMBER OF ADMISSIONS** 56

**PERCENT ADMISSIONS FROM:**

Private Residences	39.3%
General Hospitals	42.9
Nursing Homes	17.9
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 48

**PERCENT DISCHARGES TO:**

Private Residences	56.3%
General Hospitals	18.8
Nursing Homes	14.6
Deaths	4.2
Other	6.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	69	1,120	16.2
Home Health Aide	34	1,750	51.5
Physical Therapy	3	15	5.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	34	2,148	63.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,033	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 45.3%
4 to 24 0.0	Medicaid 30.5
25 to 54 6.8	Other Federal 3.2
55 to 64 4.1	State Funds 4.2
65 to 74 14.9	Private Insurance 3.2
75 to 84 45.9	Self Pay 13.7
85 & over 28.4	Other 0.0
	TOTAL PATIENTS 95

Males 35.1% Females 64.9 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 2.7%
Cancer 6.8	Genitourinary Sys. 4.1
Diabetes 12.2	Preg. & Childbirth 0.0
Diseases of Blood 1.4	Arthropathies 16.2
Dementia/Alzheimers 2.7	Osteopathies 0.0
Psychoses/Neuroses 2.7	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 4.1
Paralysis/CP 2.7	Fractures 9.5
Cardiovascular 23.0	Wounds, Burns 4.1
Stroke 0.0	Compl. of Surgery 1.4
Respiratory 5.4	Other Conditions 1.4

**REVENUE**

Billings \$	331,336
Disallowances	106,483
Collections	224,853
Other	0
Total	224,853

**EXPENSES**

Total \$	372,255
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.9
Registered Nurses	2.1
Licensed Practical Nurses	0.1
Home Health Aides	1.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.7
Homemakers	0.0
Other Staff	2.8
TOTAL FTES	9.9

**Spring Valley Home Health Services**

W500 State Road 29

Spring Valley WI 54767

Pierce County

**COUNTIES SERVED**

Dunn

Pierce

St. Croix

(715) 778-5545

License Number: 349

Ownership of Agency: City

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 32

Number of unduplicated patients in 2002 = 136

**TOTAL NUMBER OF ADMISSIONS** 52**PERCENT ADMISSIONS FROM:**

Private Residences	69.2%
General Hospitals	13.5
Nursing Homes	17.3
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 50

**PERCENT DISCHARGES TO:**

Private Residences	48.0%
General Hospitals	10.0
Nursing Homes	36.0
Deaths	4.0
Other	2.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	5	98	19.6
Home Health Aide	2	573	286.5
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	126	9,875	78.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	95	5,969	62.8
TOTAL	XXXXXXX	16,515	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 16.9	Medicaid 33.3
25 to 54 8.8	Other Federal 0.0
55 to 64 9.6	State Funds 58.6
65 to 74 11.8	Private Insurance 1.2
75 to 84 33.8	Self Pay 6.8
85 & over 19.1	Other 0.0
	TOTAL PATIENTS 162

Males 39.0% Females 61.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 1.5	Genitourinary Sys. 0.0
Diabetes 2.2	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 14.0
Dementia/Alzheimers 11.0	Osteopathies 2.9
Psychoses/Neuroses 2.9	Perinatal Period 2.2
Central Nervous Sys. 4.4	Ill-Defined Cond. 2.2
Paralysis/CP 5.1	Fractures 0.0
Cardiovascular 9.6	Wounds, Burns 6.6
Stroke 11.0	Compl. of Surgery 1.5
Respiratory 8.1	Other Conditions 14.7

REVENUE	
Billings \$	1,054,451
Disallowances	146,051
Collections	908,400
Other	0
Total	908,400

EXPENSES	
Total \$	882,220

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.0
Licensed Practical Nurses	0.0
Home Health Aides	0.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	25.2
Homemakers	10.1
Other Staff	2.0
TOTAL FTES	40.5

**Polk County Home Care Program**

300 Polk County Plaza, Suite 10

Balsam Lake WI 54810

Polk County

**COUNTIES SERVED**

Polk

(715) 485-8530

License Number: 92

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 44

Number of unduplicated patients in 2002 = 359

**TOTAL NUMBER OF ADMISSIONS** 244**PERCENT ADMISSIONS FROM:**

Private Residences	27.0%
General Hospitals	55.3
Nursing Homes	17.2
Other	0.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 255

**PERCENT DISCHARGES TO:**

Private Residences	68.2%
General Hospitals	5.5
Nursing Homes	17.3
Deaths	5.9
Other	3.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	287	4,466	15.6
Home Health Aide	100	3,079	30.8
Physical Therapy	79	858	10.9
Spch/Occ/Resp Therapy	16	59	3.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	166	6,577	39.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	15,039	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.3%	Medicare 46.7%
4 to 24 1.1	Medicaid 23.2
25 to 54 10.6	Other Federal 3.4
55 to 64 8.6	State Funds 0.0
65 to 74 17.0	Private Insurance 11.3
75 to 84 34.8	Self Pay 15.3
85 & over 27.6	Other 0.0
	TOTAL PATIENTS 379

Males 43.7% Females 56.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.6%	Digestive Disorders 1.9%
Cancer 7.2	Genitourinary Sys. 2.5
Diabetes 5.3	Preg. & Childbirth 0.3
Diseases of Blood 1.9	Arthropathies 18.7
Dementia/Alzheimers 1.9	Osteopathies 1.4
Psychoses/Neuroses 0.8	Perinatal Period 0.0
Central Nervous Sys. 2.8	Ill-Defined Cond. 2.5
Paralysis/CP 1.9	Fractures 5.0
Cardiovascular 26.5	Wounds, Burns 1.7
Stroke 3.3	Compl. of Surgery 3.1
Respiratory 5.3	Other Conditions 5.3

**REVENUE**

Billings	\$ 1,018,210
Disallowances	179,086
Collections	839,124
Other	4,711
Total	843,835

**EXPENSES**

Total	\$ 1,231,468
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.4
Licensed Practical Nurses	2.5
Home Health Aides	4.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.0
Homemakers	0.0
Other Staff	4.0
TOTAL FTEs	24.0

**Community Health Resources**

1133 South 4th Avenue, Box 110  
Park Falls WI 54552

Price County

(715) 762-4600

License Number: 27

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 36

Number of unduplicated patients in 2002 = 109

**COUNTIES SERVED**

Ashland  
Bayfield  
Iron  
Price  
Sawyer  
Vilas

**TOTAL NUMBER OF ADMISSIONS** 74

**PERCENT ADMISSIONS FROM:**

Private Residences	35.1%
General Hospitals	50.0
Nursing Homes	10.8
Other	4.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 75

**PERCENT DISCHARGES TO:**

Private Residences	41.3%
General Hospitals	52.0
Nursing Homes	4.0
Deaths	0.0
Other	2.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	96	3,012	31.4
Home Health Aide	34	4,223	124.2
Physical Therapy	10	48	4.8
Spch/Occ/Resp Therapy	2	12	6.0
Medical Social Service	0	0	0.0
Private Duty Nursing	1	197	197.0
Personal Care/PC RN Supv.	81	12,102	149.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	19,594	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.8%	Medicare 25.9%
4 to 24 10.1	Medicaid 63.4
25 to 54 16.5	Other Federal 0.0
55 to 64 13.8	State Funds 0.0
65 to 74 11.0	Private Insurance 6.3
75 to 84 23.9	Self Pay 4.5
85 & over 22.9	Other 0.0
	TOTAL PATIENTS 112

Males 33.9% Females 66.1 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.8%	Digestive Disorders 0.9%
Cancer 4.6	Genitourinary Sys. 0.9
Diabetes 6.4	Preg. & Childbirth 0.0
Diseases of Blood 1.8	Arthropathies 2.8
Dementia/Alzheimers 3.7	Osteopathies 2.8
Psychoses/Neuroses 5.5	Perinatal Period 0.0
Central Nervous Sys. 2.8	Ill-Defined Cond. 7.3
Paralysis/CP 5.5	Fractures 3.7
Cardiovascular 12.8	Wounds, Burns 8.3
Stroke 6.4	Compl. of Surgery 0.9
Respiratory 10.1	Other Conditions 11.0

**REVENUE**

Billings	\$ 1,224,213
Disallowances	441,808
Collections	782,405
Other	0
Total	782,405

**EXPENSES**

Total	\$ 839,007
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**STAFFING****FTEs**

Administrators	1.5
Reg. Nurse Supervisors	0.0
Registered Nurses	3.3
Licensed Practical Nurses	0.0
Home Health Aides	4.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	10.7
Homemakers	0.0
Other Staff	3.9
TOTAL FTEs	23.5

**Supportive Home Services**

PO Box 450, 1181 North 4th Avenue  
Park Falls WI 54552 Price County

(715) 762-3200

License Number: 202

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 21

Number of unduplicated patients in 2002 = 132

**COUNTIES SERVED**

Ashland  
Oneida  
Price  
Rusk  
Sawyer  
Vilas

**TOTAL NUMBER OF ADMISSIONS** 100

**PERCENT ADMISSIONS FROM:**

Private Residences	43.0%
General Hospitals	39.0
Nursing Homes	11.0
Other	7.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 101

**PERCENT DISCHARGES TO:**

Private Residences	59.4%
General Hospitals	19.8
Nursing Homes	8.9
Deaths	3.0
Other	8.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	122	2,074	17.0
Home Health Aide	62	5,502	88.7
Physical Therapy	43	301	7.0
Spch/Occ/Resp Therapy	13	93	7.2
Medical Social Service	4	6	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	78	6,680	85.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,656	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 61.4%
4 to 24 2.3	Medicaid 31.6
25 to 54 10.6	Other Federal 0.0
55 to 64 8.3	State Funds 0.0
65 to 74 18.2	Private Insurance 6.3
75 to 84 38.6	Self Pay 0.6
85 & over 22.0	Other 0.0
	TOTAL PATIENTS 158

Males 40.2% Females 59.8 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 5.3%
Cancer 5.3	Genitourinary Sys. 2.3
Diabetes 7.6	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 15.9
Dementia/Alzheimers 6.1	Osteopathies 0.8
Psychoses/Neuroses 1.5	Perinatal Period 0.0
Central Nervous Sys. 4.5	Ill-Defined Cond. 1.5
Paralysis/CP 2.3	Fractures 9.1
Cardiovascular 13.6	Wounds, Burns 3.8
Stroke 6.1	Compl. of Surgery 1.5
Respiratory 6.1	Other Conditions 6.8

**REVENUE**

Billings \$	785,628
Disallowances	99,250
Collections	686,378
Other	1,061
Total	687,439

**EXPENSES**

Total \$	687,439
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	4.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.6
Homemakers	0.0
Other Staff	4.0
TOTAL FTEs	14.7



**Flambeau Home Health and Hospice**

133 North Lake Avenue

Phillips WI 54555

Price County

**COUNTIES SERVED**

Ashland

Price

Sawyer

(715) 339-4371

License Number: 238

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 17

Number of unduplicated patients in 2002 = 185

**TOTAL NUMBER OF ADMISSIONS** 137**PERCENT ADMISSIONS FROM:**

Private Residences	27.0%
General Hospitals	58.4
Nursing Homes	12.4
Other	2.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 143

**PERCENT DISCHARGES TO:**

Private Residences	53.8%
General Hospitals	19.6
Nursing Homes	3.5
Deaths	6.3
Other	16.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	181	3,183	17.6
Home Health Aide	78	2,890	37.1
Physical Therapy	62	420	6.8
Spch/Occ/Resp Therapy	15	105	7.0
Medical Social Service	31	93	3.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	88	4,066	46.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	16	813	50.8
TOTAL	XXXXXXX	11,570	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 71.4%
4 to 24 2.7	Medicaid 14.1
25 to 54 11.9	Other Federal 1.1
55 to 64 8.1	State Funds 1.1
65 to 74 15.7	Private Insurance 8.1
75 to 84 30.8	Self Pay 4.3
85 & over 30.3	Other 0.0
	TOTAL PATIENTS 185

Males 52.4% Females 47.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.6%	Digestive Disorders 2.2%
Cancer 8.6	Genitourinary Sys. 0.0
Diabetes 8.1	Preg. & Childbirth 1.1
Diseases of Blood 2.7	Arthropathies 10.8
Dementia/Alzheimers 1.1	Osteopathies 1.1
Psychoses/Neuroses 2.7	Perinatal Period 0.0
Central Nervous Sys. 1.1	Ill-Defined Cond. 5.4
Paralysis/CP 1.1	Fractures 8.1
Cardiovascular 16.2	Wounds, Burns 3.8
Stroke 4.9	Compl. of Surgery 2.7
Respiratory 9.2	Other Conditions 7.6

**REVENUE**

Billings \$	820,010
Disallowances	250,246
Collections	569,764
Other	0
Total	569,764

**EXPENSES**

Total \$	796,973
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	8.4
Licensed Practical Nurses	0.0
Home Health Aides	5.3
Physical Therapists	0.0
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.8
Other Therapeutic Staff	0.0
Personal Care Workers	2.0
Homemakers	0.5
Other Staff	2.4
TOTAL FTEs	21.4

**Gentiva Health Service**

1300 South Green Bay Road, Suite 200  
Racine WI 53406 Racine County

(262) 636-9036

License Number: 3

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 26

Number of unduplicated patients in 2002 = 386

**COUNTIES SERVED**

Dodge  
Kenosha  
Milwaukee  
Racine  
Walworth  
Waukesha

**TOTAL NUMBER OF ADMISSIONS** 354

**PERCENT ADMISSIONS FROM:**

Private Residences	31.4%
General Hospitals	55.4
Nursing Homes	0.0
Other	13.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 363

**PERCENT DISCHARGES TO:**

Private Residences	88.4%
General Hospitals	2.2
Nursing Homes	3.0
Deaths	2.5
Other	3.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	386	3,731	9.7
Home Health Aide	44	2,497	56.8
Physical Therapy	133	889	6.7
Spch/Occ/Resp Therapy	49	302	6.2
Medical Social Service	2	4	2.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	20	4,836	241.8
Other Home Health Care	8	26	3.3
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	12,285	XXXXX

**AGE AND SEX OF PATIENTS**

Under 4	9.8%	Medicare	28.9%
4 to 24	2.8	Medicaid	18.0
25 to 54	24.6	Other Federal	0.0
55 to 64	20.2	State Funds	0.0
65 to 74	16.3	Private Insurance	46.7
75 to 84	18.4	Self Pay	6.4
85 & over	7.8	Other	0.0
		TOTAL PATIENTS	488

Males 44.3% Females 55.7 %

**PRIMARY DIAGNOSIS**

Infectious Disorders	0.3%	Digestive Disorders	2.3%
Cancer	4.7	Genitourinary Sys.	1.3
Diabetes	1.3	Preg. & Childbirth	0.3
Diseases of Blood	0.5	Arthropathies	13.5
Dementia/Alzheimers	1.3	Osteopathies	0.0
Psychoses/Neuroses	0.0	Perinatal Period	8.0
Central Nervous Sys.	6.7	Ill-Defined Cond.	10.6
Paralysis/CP	0.0	Fractures	5.4
Cardiovascular	24.1	Wounds, Burns	0.0
Stroke	0.0	Compl. of Surgery	3.9
Respiratory	3.1	Other Conditions	12.7

**REVENUE**

Billings	\$ 1,649,357
Disallowances	612,667
Collections	1,036,690
Other	0
Total	1,036,690

**EXPENSES**

Total	\$ 927,946
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**STAFFING****FTES**

Administrators	0.4
Reg. Nurse Supervisors	1.6
Registered Nurses	4.4
Licensed Practical Nurses	5.3
Home Health Aides	16.3
Physical Therapists	0.5
Occupational Therapists	0.4
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.6
Homemakers	0.0
Other Staff	3.4
TOTAL FTES	32.9

**Sai Home Health Care, Inc.**

5200 Washington Avenue, Suite 227

Racine WI 53406

Racine County

**COUNTIES SERVED**

Kenosha

Milwaukee

Racine

(262) 632-5886

License Number: 305

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 24

Number of unduplicated patients in 2002 = 195

**TOTAL NUMBER OF ADMISSIONS** 197**PERCENT ADMISSIONS FROM:**

Private Residences	15.7%
General Hospitals	32.0
Nursing Homes	8.6
Other	43.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 190

**PERCENT DISCHARGES TO:**

Private Residences	82.1%
General Hospitals	8.9
Nursing Homes	2.1
Deaths	5.3
Other	1.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	189	4,081	21.6
Home Health Aide	93	5,444	58.5
Physical Therapy	97	838	8.6
Spch/Occ/Resp Therapy	45	288	6.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	8	591	73.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	11,242	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 45.4%
4 to 24 0.5	Medicaid 40.0
25 to 54 20.5	Other Federal 0.8
55 to 64 17.9	State Funds 4.6
65 to 74 19.5	Private Insurance 7.9
75 to 84 22.6	Self Pay 1.3
85 & over 19.0	Other 0.0
	TOTAL PATIENTS 240

Males 39.0% Females 61.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.0%
Cancer 1.0	Genitourinary Sys. 4.6
Diabetes 5.1	Preg. & Childbirth 0.0
Diseases of Blood 1.5	Arthropathies 7.2
Dementia/Alzheimers 0.0	Osteopathies 2.6
Psychoses/Neuroses 4.1	Perinatal Period 0.0
Central Nervous Sys. 4.1	Ill-Defined Cond. 11.8
Paralysis/CP 1.5	Fractures 6.7
Cardiovascular 10.3	Wounds, Burns 3.6
Stroke 6.7	Compl. of Surgery 3.1
Respiratory 2.6	Other Conditions 22.6

**REVENUE**

Billings \$	871,338
Disallowances	295,904
Collections	575,434
Other	225
Total	575,659

**EXPENSES**

Total \$	688,448
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**STAFFING****FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	4.7
Licensed Practical Nurses	1.1
Home Health Aides	6.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.9
TOTAL FTES	13.2

**Accura Home Health**

2727 South Kemp  
Avalon WI 53505

Rock County

**COUNTIES SERVED**

Rock  
Walworth

(608) 676-2337

License Number: 1015

Ownership of Agency: Individual Proprietary

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 32

Number of unduplicated patients in 2002 = 45

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	0	0	0.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	64	30,821	481.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	30,821	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 51.1	Medicaid 80.8
25 to 54 31.1	Other Federal 0.0
55 to 64 2.2	State Funds 15.4
65 to 74 6.7	Private Insurance 1.9
75 to 84 8.9	Self Pay 1.9
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 52
Males 55.6% Females 44.4 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 2.2	Genitourinary Sys. 0.0
Diabetes 4.4	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 4.4
Dementia/Alzheimers 2.2	Osteopathies 0.0
Psychoses/Neuroses 2.2	Perinatal Period 0.0
Central Nervous Sys. 6.7	Ill-Defined Cond. 0.0
Paralysis/CP 37.8	Fractures 2.2
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 2.2	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 35.6

**TOTAL NUMBER OF ADMISSIONS** 32

**PERCENT ADMISSIONS FROM:**

Private Residences	84.4%
General Hospitals	9.4
Nursing Homes	0.0
Other	6.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 13

**PERCENT DISCHARGES TO:**

Private Residences	15.4%
General Hospitals	53.8
Nursing Homes	0.0
Deaths	23.1
Other	7.7

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.0
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	39.4
Homemakers	0.0
Other Staff	2.4
<b>TOTAL FTES</b>	<b>43.8</b>

**REVENUE**

Billings	\$ 1,644,898
Disallowances	2,500
Collections	1,642,398
Other	0
<b>Total</b>	<b>1,642,398</b>

**EXPENSES**

<b>Total</b>	<b>\$ 2,371,197</b>
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**At-Home Healthcare**

1969 West Hart Road  
Beloit WI 53511

Rock County

**COUNTIES SERVED**

Green  
Rock  
Walworth

(608) 363-5885

License Number: 98

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 26

Number of unduplicated patients in 2002 = 427

**TOTAL NUMBER OF ADMISSIONS** 412

**PERCENT ADMISSIONS FROM:**

Private Residences	19.9%
General Hospitals	64.8
Nursing Homes	3.2
Other	12.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 408

**PERCENT DISCHARGES TO:**

Private Residences	80.1%
General Hospitals	7.1
Nursing Homes	6.4
Deaths	1.5
Other	4.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	358	5,736	16.0
Home Health Aide	76	2,556	33.6
Physical Therapy	127	891	7.0
Spch/Occ/Resp Therapy	30	178	5.9
Medical Social Service	10	13	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	9,374	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.7%	Medicare 63.9%
4 to 24 4.2	Medicaid 14.4
25 to 54 22.5	Other Federal 0.0
55 to 64 14.3	State Funds 0.0
65 to 74 18.5	Private Insurance 18.3
75 to 84 19.0	Self Pay 0.6
85 & over 17.8	Other 2.8
	TOTAL PATIENTS 465

Males 39.3% Females 60.7 %

PRIMARY DIAGNOSIS	
Infectious Disorders 2.1%	Digestive Disorders 7.0%
Cancer 8.7	Genitourinary Sys. 2.6
Diabetes 2.6	Preg. & Childbirth 0.7
Diseases of Blood 1.2	Arthropathies 9.6
Dementia/Alzheimers 0.0	Osteopathies 2.8
Psychoses/Neuroses 0.0	Perinatal Period 1.6
Central Nervous Sys. 4.2	Ill-Defined Cond. 6.8
Paralysis/CP 2.1	Fractures 4.9
Cardiovascular 18.0	Wounds, Burns 2.3
Stroke 4.0	Compl. of Surgery 6.6
Respiratory 4.2	Other Conditions 8.0

**REVENUE**

Billings	\$ 1,009,736
Disallowances	90,168
Collections	919,568
Other	0
Total	919,568

**EXPENSES**

Total	\$ 1,207,713
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.3
Licensed Practical Nurses	0.0
Home Health Aides	2.7
Physical Therapists	0.6
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTES	14.7

**Memorial Community Hospital Home Health Agency**

1011 North Main Street

Edgerton WI 53534

Rock County

(608) 884-4910

**COUNTIES SERVED**

Dane

Green

Jefferson

Rock

License Number: 159

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 18

Number of unduplicated patients in 2002 = 237

**TOTAL NUMBER OF ADMISSIONS** 220**PERCENT ADMISSIONS FROM:**

Private Residences	4.5%
General Hospitals	43.6
Nursing Homes	9.5
Other	42.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 219

**PERCENT DISCHARGES TO:**

Private Residences	80.4%
General Hospitals	13.7
Nursing Homes	2.3
Deaths	0.5
Other	3.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	186	3,111	16.7
Home Health Aide	10	1,129	112.9
Physical Therapy	93	950	10.2
Spch/Occ/Resp Therapy	24	148	6.2
Medical Social Service	8	36	4.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	10	534	53.4
Other Home Health Care	14	206	14.7
Homemkr & Other Non HH	28	996	35.6
TOTAL	XXXXXXX	7,110	XXXXXX

**AGE AND SEX OF PATIENTS**      **PATIENT REIMBURSEMENT SOURCE**

Under 4	0.0%	Medicare	78.5%
4 to 24	0.4	Medicaid	3.1
25 to 54	5.1	Other Federal	0.0
55 to 64	5.5	State Funds	1.4
65 to 74	19.4	Private Insurance	5.6
75 to 84	31.2	Self Pay	11.5
85 & over	38.4	Other	0.0
		TOTAL PATIENTS	288

Males 35.0%      Females 65.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders	1.7%	Digestive Disorders	4.6%
Cancer	3.8	Genitourinary Sys.	1.7
Diabetes	13.9	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	17.7
Dementia/Alzheimers	1.3	Osteopathies	0.0
Psychoses/Neuroses	0.8	Perinatal Period	0.0
Central Nervous Sys.	1.3	Ill-Defined Cond.	4.6
Paralysis/CP	1.7	Fractures	3.8
Cardiovascular	14.8	Wounds, Burns	0.4
Stroke	6.8	Compl. of Surgery	0.0
Respiratory	13.1	Other Conditions	8.0

**REVENUE**

Billings	\$	749,973
Disallowances		8,419
Collections		741,554
Other		0
Total		741,554

**EXPENSES**

Total	\$	516,108
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.7
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.8
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.2
Personal Care Workers	0.2
Homemakers	0.9
Other Staff	1.6
TOTAL FTES	8.0

**Mercy Assisted Care Inc.**

901 Mineral Point Avenue  
Janesville WI 53545

Rock County

**COUNTIES SERVED**

Green  
Rock  
Walworth

(608) 754-2201

License Number: 99

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/5/2002 = 89

Number of unduplicated patients in 2002 = 958

**TOTAL NUMBER OF ADMISSIONS** 889

**PERCENT ADMISSIONS FROM:**

Private Residences	12.4%
General Hospitals	51.3
Nursing Homes	9.1
Other	27.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 893

**PERCENT DISCHARGES TO:**

Private Residences	72.2%
General Hospitals	3.2
Nursing Homes	3.9
Deaths	3.2
Other	17.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	861	10,330	12.0
Home Health Aide	300	10,305	34.4
Physical Therapy	407	2,729	6.7
Spch/Occ/Resp Therapy	235	1,078	4.6
Medical Social Service	55	59	1.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	141	11,053	78.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	112	14,743	131.6
TOTAL	XXXXXXX	50,297	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 62.9%
4 to 24 2.0	Medicaid 13.6
25 to 54 14.9	Other Federal 0.0
55 to 64 11.5	State Funds 7.4
65 to 74 20.7	Private Insurance 9.6
75 to 84 28.9	Self Pay 6.6
85 & over 21.5	Other 0.0
	TOTAL PATIENTS 1,034

Males 36.0% Females 64.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.0%	Digestive Disorders 5.0%
Cancer 6.2	Genitourinary Sys. 5.3
Diabetes 2.8	Preg. & Childbirth 0.1
Diseases of Blood 2.8	Arthropathies 17.3
Dementia/Alzheimers 0.8	Osteopathies 2.7
Psychoses/Neuroses 0.4	Perinatal Period 0.0
Central Nervous Sys. 2.0	Ill-Defined Cond. 5.4
Paralysis/CP 1.3	Fractures 10.8
Cardiovascular 12.9	Wounds, Burns 2.3
Stroke 2.7	Compl. of Surgery 2.8
Respiratory 9.1	Other Conditions 6.2

**REVENUE**

Billings	\$ 2,763,101
Disallowances	-122,263
Collections	2,885,364
Other	13,379
Total	2,898,743

**EXPENSES**

Total	\$ 2,641,239
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	15.4
Licensed Practical Nurses	0.0
Home Health Aides	10.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	19.4
Homemakers	1.2
Other Staff	12.4
TOTAL FTES	62.0

**Indianhead Home Health Care Agency**

209 East Third Street South, PO Box 10  
Ladysmith WI 54848 Rusk County

(715) 532-5594

**COUNTIES SERVED**

Barron  
Polk  
Rusk  
St. Croix  
Washburn

License Number: 295

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 12

Number of unduplicated patients in 2002 = 74

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	64	1,053	16.5
Home Health Aide	18	1,769	98.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	20	647	32.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,469	XXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	11.3%
4 to 24	1.4	Medicaid	57.5
25 to 54	13.5	Other Federal	6.3
55 to 64	8.1	State Funds	0.0
65 to 74	24.3	Private Insurance	25.0
75 to 84	27.0	Self Pay	0.0
85 & over	25.7	Other	0.0
		TOTAL PATIENTS	80
Males 33.8%	Females 66.2 %		

PRIMARY DIAGNOSIS			
Infectious Disorders	0.0%	Digestive Disorders	1.4%
Cancer	2.7	Genitourinary Sys.	2.7
Diabetes	16.2	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	8.1
Dementia/Alzheimers	6.8	Osteopathies	1.4
Psychoses/Neuroses	9.5	Perinatal Period	0.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	2.7
Paralysis/CP	5.4	Fractures	5.4
Cardiovascular	13.5	Wounds, Burns	0.0
Stroke	6.8	Compl. of Surgery	1.4
Respiratory	8.1	Other Conditions	8.1

REVENUE	
Billings	\$ 288,178
Disallowances	62,487
Collections	225,691
Other	0
Total	225,691

EXPENSES	
Total	\$ 188,714

**TOTAL NUMBER OF ADMISSIONS** 82

**PERCENT ADMISSIONS FROM:**

Private Residences	29.3%
General Hospitals	61.0
Nursing Homes	7.3
Other	2.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 91

**PERCENT DISCHARGES TO:**

Private Residences	23.1%
General Hospitals	64.8
Nursing Homes	6.6
Deaths	2.2
Other	3.3

**STAFFING FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.4
Registered Nurses	0.5
Licensed Practical Nurses	0.0
Home Health Aides	1.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.5
Homemakers	0.0
Other Staff	0.6
<b>TOTAL FTES</b>	<b>5.6</b>



**Rusk County Home Health Care**

311 Miner Avenue East, Suite C220

Ladysmith WI 54848

Rusk County

**COUNTIES SERVED**

Rusk

(715) 532-2299

License Number: 100

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 8

Number of unduplicated patients in 2002 = 157

**TOTAL NUMBER OF ADMISSIONS** 161**PERCENT ADMISSIONS FROM:**

Private Residences	29.2%
General Hospitals	54.7
Nursing Homes	11.8
Other	4.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 157

**PERCENT DISCHARGES TO:**

Private Residences	72.0%
General Hospitals	1.9
Nursing Homes	14.6
Deaths	8.3
Other	3.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	157	2,705	17.2
Home Health Aide	72	1,054	14.6
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,759	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 79.4%
4 to 24 1.9	Medicaid 9.4
25 to 54 8.3	Other Federal 3.8
55 to 64 12.1	State Funds 0.0
65 to 74 19.7	Private Insurance 7.5
75 to 84 35.7	Self Pay 0.0
85 & over 22.3	Other 0.0
	TOTAL PATIENTS 160

Males 38.9% Females 61.1 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.3%	Digestive Disorders 3.8%
Cancer 12.1	Genitourinary Sys. 3.2
Diabetes 5.1	Preg. & Childbirth 0.0
Diseases of Blood 1.3	Arthropathies 7.6
Dementia/Alzheimers 0.0	Osteopathies 4.5
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.3	Ill-Defined Cond. 1.3
Paralysis/CP 0.6	Fractures 8.3
Cardiovascular 15.9	Wounds, Burns 25.5
Stroke 0.6	Compl. of Surgery 0.6
Respiratory 5.1	Other Conditions 1.9

**REVENUE**

Billings \$	445,098
Disallowances	21,953
Collections	423,145
Other	37,657
Total	460,802

**EXPENSES**

Total \$	490,258
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.7
Licensed Practical Nurses	0.0
Home Health Aides	0.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	10.4

**Heartland Home Health**

455 Davis Street, PO Box 487  
Hammond WI 54015

St. Croix County

**COUNTIES SERVED**

Dunn  
Pierce  
Polk  
St. Croix

(715) 796-2223

License Number: 128

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/5/2002 = 14

Number of unduplicated patients in 2002 = 308

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	253	2,991	11.8
Home Health Aide	62	642	10.4
Physical Therapy	132	900	6.8
Spch/Occ/Resp Therapy	43	189	4.4
Medical Social Service	1	1	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,723	XXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	10.1%	Medicare	55.7%
4 to 24	1.9	Medicaid	3.5
25 to 54	16.6	Other Federal	3.5
55 to 64	12.0	State Funds	0.0
65 to 74	18.5	Private Insurance	36.6
75 to 84	23.4	Self Pay	0.6
85 & over	17.5	Other	0.0
		TOTAL PATIENTS	314
Males	41.9%	Females	58.1 %

PRIMARY DIAGNOSIS			
Infectious Disorders	1.3%	Digestive Disorders	4.9%
Cancer	5.5	Genitourinary Sys.	3.2
Diabetes	2.6	Preg. & Childbirth	0.3
Diseases of Blood	0.3	Arthropathies	12.7
Dementia/Alzheimers	0.0	Osteopathies	1.3
Psychoses/Neuroses	0.0	Perinatal Period	9.1
Central Nervous Sys.	2.9	Ill-Defined Cond.	4.5
Paralysis/CP	0.0	Fractures	8.8
Cardiovascular	13.6	Wounds, Burns	1.6
Stroke	4.5	Compl. of Surgery	9.1
Respiratory	5.8	Other Conditions	7.8

**TOTAL NUMBER OF ADMISSIONS** 307

**PERCENT ADMISSIONS FROM:**

Private Residences	29.3%
General Hospitals	61.2
Nursing Homes	6.8
Other	2.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 298

**PERCENT DISCHARGES TO:**

Private Residences	91.3%
General Hospitals	3.0
Nursing Homes	1.0
Deaths	3.7
Other	1.0

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.8
Registered Nurses	3.5
Licensed Practical Nurses	0.4
Home Health Aides	0.3
Physical Therapists	1.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.1
<b>TOTAL FTES</b>	<b>10.1</b>

**REVENUE**

Billings	\$	612,289
Disallowances		37,798
Collections		574,491
Other		111,842
<b>Total</b>		<b>686,333</b>

**EXPENSES**

<b>Total</b>	\$	<b>753,716</b>
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**REM Health of Wisconsin Inc.**

1007 Washington Avenue  
Baraboo WI 53913

Sauk County

(608) 356-7570

License Number: 36

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 66

Number of unduplicated patients in 2002 = 299

**COUNTIES SERVED**

Adams  
Columbia  
Dane  
Dodge  
Iowa  
Juneau  
Marquette  
Sauk

**TOTAL NUMBER OF ADMISSIONS** 138

**PERCENT ADMISSIONS FROM:**

Private Residences	52.9%
General Hospitals	26.8
Nursing Homes	12.3
Other	8.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 142

**PERCENT DISCHARGES TO:**

Private Residences	59.9%
General Hospitals	7.7
Nursing Homes	14.1
Deaths	6.3
Other	12.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	258	5,763	22.3
Home Health Aide	81	9,782	120.8
Physical Therapy	58	658	11.3
Spch/Occ/Resp Therapy	17	121	7.1
Medical Social Service	0	0	0.0
Private Duty Nursing	19	3,029	159.4
Personal Care/PC RN Supv.	249	29,202	117.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	48,555	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.7%	Medicare 18.9%
4 to 24 11.7	Medicaid 61.3
25 to 54 27.1	Other Federal 0.3
55 to 64 10.7	State Funds 0.0
65 to 74 16.7	Private Insurance 9.4
75 to 84 16.7	Self Pay 10.1
85 & over 13.4	Other 0.0
	TOTAL PATIENTS 318

Males 40.1% Females 59.9 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.3%	Digestive Disorders 5.0%
Cancer 6.0	Genitourinary Sys. 0.7
Diabetes 7.7	Preg. & Childbirth 0.3
Diseases of Blood 4.0	Arthropathies 5.4
Dementia/Alzheimers 5.4	Osteopathies 2.7
Psychoses/Neuroses 6.0	Perinatal Period 0.0
Central Nervous Sys. 4.0	Ill-Defined Cond. 0.7
Paralysis/CP 4.0	Fractures 7.4
Cardiovascular 8.4	Wounds, Burns 4.7
Stroke 3.0	Compl. of Surgery 7.7
Respiratory 3.3	Other Conditions 12.4

**REVENUE**

Billings	\$ 3,553,878
Disallowances	937,847
Collections	2,616,031
Other	0
Total	2,616,031

**EXPENSES**

Total	\$ 2,521,111
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**STAFFING****FTES**

Administrators	0.8
Reg. Nurse Supervisors	5.0
Registered Nurses	7.0
Licensed Practical Nurses	3.8
Home Health Aides	5.0
Physical Therapists	1.3
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	20.5
Homemakers	0.0
Other Staff	9.3
TOTAL FTES	52.6

**Sauk County Health Department**

505 Broadway, Suite 372

Baraboo WI 53913

Sauk County

**COUNTIES SERVED**

Sauk

(608) 355-3290

License Number: 102

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 19

Number of unduplicated patients in 2002 = 129

**TOTAL NUMBER OF ADMISSIONS** 121**PERCENT ADMISSIONS FROM:**

Private Residences	30.6%
General Hospitals	25.6
Nursing Homes	9.1
Other	34.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 126

**PERCENT DISCHARGES TO:**

Private Residences	48.4%
General Hospitals	9.5
Nursing Homes	9.5
Deaths	4.8
Other	27.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	127	3,023	23.8
Home Health Aide	74	2,963	40.0
Physical Therapy	21	282	13.4
Spch/Occ/Resp Therapy	11	63	5.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,331	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.8%	Medicare 60.5%
4 to 24 0.0	Medicaid 19.0
25 to 54 17.1	Other Federal 0.7
55 to 64 10.1	State Funds 2.0
65 to 74 14.0	Private Insurance 3.4
75 to 84 26.4	Self Pay 10.2
85 & over 31.8	Other 4.1
	TOTAL PATIENTS 147

Males 37.2% Females 62.8 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.8%	Digestive Disorders 5.4%
Cancer 10.9	Genitourinary Sys. 4.7
Diabetes 10.1	Preg. & Childbirth 0.0
Diseases of Blood 2.3	Arthropathies 7.0
Dementia/Alzheimers 1.6	Osteopathies 3.1
Psychoses/Neuroses 1.6	Perinatal Period 0.0
Central Nervous Sys. 3.9	Ill-Defined Cond. 4.7
Paralysis/CP 0.0	Fractures 9.3
Cardiovascular 14.0	Wounds, Burns 3.9
Stroke 6.2	Compl. of Surgery 0.0
Respiratory 8.5	Other Conditions 2.3

REVENUE	
Billings \$	471,045
Disallowances	25,921
Collections	445,124
Other	15,112
Total	460,236

EXPENSES	
Total \$	701,941

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.8
Licensed Practical Nurses	0.0
Home Health Aides	2.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.5
TOTAL FTES	9.7

**Sawyer County Health & Human Services**

105 East 4th Street

Hayward WI 54843

Sawyer County

**COUNTIES SERVED**

Sawyer

(715) 634-4806

License Number: 103

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 15

Number of unduplicated patients in 2002 = 129

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	120	969	8.1
Home Health Aide	49	709	14.5
Physical Therapy	86	1,607	18.7
Spch/Occ/Resp Therapy	1	3	3.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,288	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 80.6%
4 to 24 2.3	Medicaid 10.9
25 to 54 6.2	Other Federal 3.9
55 to 64 9.3	State Funds 0.0
65 to 74 28.7	Private Insurance 4.7
75 to 84 31.0	Self Pay 0.0
85 & over 22.5	Other 0.0
	TOTAL PATIENTS 129

Males 44.2% Females 55.8 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.8%	Digestive Disorders 5.4%
Cancer 3.9	Genitourinary Sys. 0.0
Diabetes 7.0	Preg. & Childbirth 0.0
Diseases of Blood 2.3	Arthropathies 18.6
Dementia/Alzheimers 0.0	Osteopathies 2.3
Psychoses/Neuroses 0.8	Perinatal Period 0.0
Central Nervous Sys. 6.2	Ill-Defined Cond. 9.3
Paralysis/CP 1.6	Fractures 12.4
Cardiovascular 11.6	Wounds, Burns 1.6
Stroke 7.0	Compl. of Surgery 0.0
Respiratory 5.4	Other Conditions 3.9

**TOTAL NUMBER OF ADMISSIONS** 112**PERCENT ADMISSIONS FROM:**

Private Residences	20.5%
General Hospitals	64.3
Nursing Homes	11.6
Other	3.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 106

**PERCENT DISCHARGES TO:**

Private Residences	72.6%
General Hospitals	3.8
Nursing Homes	4.7
Deaths	6.6
Other	12.3

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.2
Licensed Practical Nurses	0.0
Home Health Aides	2.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.1
<b>TOTAL FTES</b>	<b>6.7</b>

**REVENUE**

Billings \$	464,310
Disallowances	20,655
Collections	443,655
Other	0
<b>Total</b>	<b>443,655</b>

**EXPENSES**

<b>Total \$</b>	<b>451,343</b>
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**Shawano Community Home Care**

309 North Bartlette Street

Shawano WI 54166

Shawano County

(715) 524-2169

License Number: 104

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 22

Number of unduplicated patients in 2002 = 192

**COUNTIES SERVED**

Brown

Marathon

Menominee

Oconto

Shawano

Waupaca

**TOTAL NUMBER OF ADMISSIONS** 218**PERCENT ADMISSIONS FROM:**

Private Residences 1.4%

General Hospitals 77.1

Nursing Homes 0.0

Other 21.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 212

**PERCENT DISCHARGES TO:**

Private Residences 81.1%

General Hospitals 5.7

Nursing Homes 4.7

Deaths 6.1

Other 2.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	184	1,544	8.4
Home Health Aide	48	1,397	29.1
Physical Therapy	66	504	7.6
Spch/Occ/Resp Therapy	29	177	6.1
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	34	2,221	65.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,843	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.1%	Medicare 69.7%
4 to 24 1.0	Medicaid 7.5
25 to 54 18.2	Other Federal 0.0
55 to 64 15.6	State Funds 0.0
65 to 74 21.4	Private Insurance 21.2
75 to 84 28.1	Self Pay 0.8
85 & over 13.5	Other 0.8
	TOTAL PATIENTS 241

Males 48.4% Females 51.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 4.2%	Digestive Disorders 6.8%
Cancer 10.9	Genitourinary Sys. 4.7
Diabetes 2.6	Preg. & Childbirth 0.5
Diseases of Blood 0.0	Arthropathies 9.9
Dementia/Alzheimers 3.6	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.5
Central Nervous Sys. 3.6	Ill-Defined Cond. 2.6
Paralysis/CP 1.0	Fractures 5.2
Cardiovascular 19.8	Wounds, Burns 10.4
Stroke 2.6	Compl. of Surgery 2.1
Respiratory 4.7	Other Conditions 4.2

REVENUE	
Billings \$	580,133
Disallowances	75,512
Collections	504,621
Other	0
Total	504,621

EXPENSES	
Total \$	592,045

**STAFFING FTES**

Administrators 0.5

Reg. Nurse Supervisors 0.5

Registered Nurses 4.3

Licensed Practical Nurses 0.0

Home Health Aides 4.3

Physical Therapists 0.5

Occupational Therapists 0.1

Speech Pathologists 0.1

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 0.0

Homemakers 0.0

Other Staff 1.0

TOTAL FTES 11.3

**St. Nicholas Hospital Home Health & Hospice**

1601 North Taylor Drive

Sheboygan WI 53081

Sheboygan County

(920) 457-5770

License Number: 124

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 59

Number of unduplicated patients in 2002 = 513

**COUNTIES SERVED**

Calumet

Fond du Lac

Manitowoc

Outagamie

Ozaukee

Sheboygan

**TOTAL NUMBER OF ADMISSIONS** 578**PERCENT ADMISSIONS FROM:**

Private Residences 30.1%

General Hospitals 64.4

Nursing Homes 4.8

Other 0.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 571

**PERCENT DISCHARGES TO:**

Private Residences 61.6%

General Hospitals 27.5

Nursing Homes 3.2

Deaths 1.4

Other 6.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	477	7,604	15.9
Home Health Aide	136	3,641	26.8
Physical Therapy	105	879	8.4
Spch/Occ/Resp Therapy	60	325	5.4
Medical Social Service	32	52	1.6
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	141	8,509	60.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	70	1,598	22.8
TOTAL	XXXXXXX	22,608	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.4%	Medicare 72.4%
4 to 24 2.1	Medicaid 7.4
25 to 54 11.3	Other Federal 0.0
55 to 64 9.6	State Funds 4.7
65 to 74 20.3	Private Insurance 9.3
75 to 84 33.7	Self Pay 6.0
85 & over 21.6	Other 0.2
	TOTAL PATIENTS 551

Males 41.9%	Females 58.1 %	PRIMARY DIAGNOSIS
Infectious Disorders 0.8%	Digestive Disorders 4.5%	
Cancer 9.4	Genitourinary Sys. 2.3	
Diabetes 5.3	Preg. & Childbirth 0.0	
Diseases of Blood 0.6	Arthropathies 7.6	
Dementia/Alzheimers 0.6	Osteopathies 1.4	
Psychoses/Neuroses 1.2	Perinatal Period 0.8	
Central Nervous Sys. 2.1	Ill-Defined Cond. 11.7	
Paralysis/CP 1.6	Fractures 7.0	
Cardiovascular 20.3	Wounds, Burns 2.5	
Stroke 3.9	Compl. of Surgery 2.7	
Respiratory 7.2	Other Conditions 6.6	

REVENUE
Billings \$ 1,170,836
Disallowances 288,148
Collections 882,688
Other 105,283
Total 987,971

EXPENSES
Total \$ 1,990,395

STAFFING	FTES
Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	11.8
Licensed Practical Nurses	0.0
Home Health Aides	4.1
Physical Therapists	0.3
Occupational Therapists	0.3
Speech Pathologists	0.2
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.5
Homemakers	1.5
Other Staff	8.0
TOTAL FTES	32.5

**Trempealeau County Health Department**

Courthouse

Whitehall WI 54773

Trempealeau County

**COUNTIES SERVED**

Trempealeau

(715) 538-2311

License Number: 107

Ownership of Agency: County

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 5

Number of unduplicated patients in 2002 = 30

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	30	188	6.3
Home Health Aide	1	8	8.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	40	871	21.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,067	XXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	0.0%
4 to 24	0.0	Medicaid	12.5
25 to 54	6.7	Other Federal	46.9
55 to 64	3.3	State Funds	15.6
65 to 74	23.3	Private Insurance	6.3
75 to 84	56.7	Self Pay	18.8
85 & over	10.0	Other	0.0
		TOTAL PATIENTS	32

Males 20.0% Females 80.0 %

PRIMARY DIAGNOSIS			
Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	0.0	Genitourinary Sys.	0.0
Diabetes	10.0	Preg. & Childbirth	0.0
Diseases of Blood	3.3	Arthropathies	36.7
Dementia/Alzheimers	3.3	Osteopathies	6.7
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	0.0
Paralysis/CP	0.0	Fractures	3.3
Cardiovascular	36.7	Wounds, Burns	0.0
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	0.0	Other Conditions	0.0

**TOTAL NUMBER OF ADMISSIONS** 15**PERCENT ADMISSIONS FROM:**

Private Residences	40.0%
General Hospitals	26.7
Nursing Homes	33.3
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 18

**PERCENT DISCHARGES TO:**

Private Residences	22.2%
General Hospitals	27.8
Nursing Homes	38.9
Deaths	5.6
Other	5.6

**STAFFING****FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.1
Registered Nurses	0.5
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.5
TOTAL FTES	2.2

**REVENUE**

Billings	\$	32,067
Disallowances		5,870
Collections		26,197
Other		0
Total		26,197

**EXPENSES**

Total	\$	105,155
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**Vernon Memorial Hospital Home Health Care Agency**

507 South Main Street

Viroqua WI 54665

Vernon County

(608) 637-4362

**COUNTIES SERVED**

Crawford

Monroe

Richland

Vernon

License Number: 271

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 3

Number of unduplicated patients in 2002 = 104

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	104	1,128	10.8
Home Health Aide	31	358	11.5
Physical Therapy	34	164	4.8
Spch/Occ/Resp Therapy	13	109	8.4
Medical Social Service	12	14	1.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,773	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.0%	Medicare 82.9%
4 to 24 1.0	Medicaid 3.8
25 to 54 6.7	Other Federal 0.0
55 to 64 11.5	State Funds 0.0
65 to 74 21.2	Private Insurance 12.4
75 to 84 49.0	Self Pay 1.0
85 & over 9.6	Other 0.0
	TOTAL PATIENTS 105

Males 44.2% Females 55.8 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.0%	Digestive Disorders 4.8%
Cancer 7.7	Genitourinary Sys. 3.8
Diabetes 8.7	Preg. & Childbirth 0.0
Diseases of Blood 1.0	Arthropathies 15.4
Dementia/Alzheimers 0.0	Osteopathies 1.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.0	Ill-Defined Cond. 6.7
Paralysis/CP 0.0	Fractures 4.8
Cardiovascular 15.4	Wounds, Burns 2.9
Stroke 2.9	Compl. of Surgery 9.6
Respiratory 4.8	Other Conditions 8.7

**TOTAL NUMBER OF ADMISSIONS** 101**PERCENT ADMISSIONS FROM:**

Private Residences	17.8%
General Hospitals	73.3
Nursing Homes	6.9
Other	2.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 107

**PERCENT DISCHARGES TO:**

Private Residences	88.8%
General Hospitals	1.9
Nursing Homes	3.7
Deaths	1.9
Other	3.7

**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.5
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	0.5
Physical Therapists	0.4
Occupational Therapists	0.2
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
<b>TOTAL FTEs</b>	<b>5.4</b>

**REVENUE**

Billings \$	194,686
Disallowances	-7,679
Collections	202,365
Other	0
<b>Total</b>	<b>202,365</b>

**EXPENSES**

<b>Total \$</b>	<b>260,214</b>
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**Hearts of Gold, Inc.**

38 West 5th Avenue, PO Box 220

Shell Lake WI 54871

Washburn County

(715) 468-2931

**COUNTIES SERVED**

Barron

Burnett

Polk

Shawano

Washburn

License Number: 304

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 15

Number of unduplicated patients in 2002 = 159

**TOTAL NUMBER OF ADMISSIONS** 147**PERCENT ADMISSIONS FROM:**

Private Residences	36.7%
General Hospitals	51.7
Nursing Homes	9.5
Other	2.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 141

**PERCENT DISCHARGES TO:**

Private Residences	67.4%
General Hospitals	14.9
Nursing Homes	7.8
Deaths	7.1
Other	2.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	159	2,246	14.1
Home Health Aide	85	1,645	19.4
Physical Therapy	8	22	2.8
Spch/Occ/Resp Therapy	13	48	3.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	33	606	18.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,567	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.6%	Medicare 59.4%
4 to 24 2.5	Medicaid 27.6
25 to 54 11.3	Other Federal 4.2
55 to 64 12.6	State Funds 0.0
65 to 74 15.7	Private Insurance 7.3
75 to 84 36.5	Self Pay 1.6
85 & over 20.8	Other 0.0
	TOTAL PATIENTS 192

Males 38.4% Females 61.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 3.1%	Digestive Disorders 5.7%
Cancer 11.3	Genitourinary Sys. 2.5
Diabetes 1.3	Preg. & Childbirth 0.6
Diseases of Blood 0.6	Arthropathies 8.8
Dementia/Alzheimers 1.9	Osteopathies 3.1
Psychoses/Neuroses 1.3	Perinatal Period 0.6
Central Nervous Sys. 6.3	Ill-Defined Cond. 1.9
Paralysis/CP 0.6	Fractures 6.3
Cardiovascular 14.5	Wounds, Burns 7.5
Stroke 2.5	Compl. of Surgery 0.0
Respiratory 7.5	Other Conditions 11.9

**REVENUE**

Billings \$	248,390
Disallowances	-48,363
Collections	296,753
Other	2,767
Total	299,520

**EXPENSES**

Total \$	295,082
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**STAFFING****FTEs**

Administrators	0.8
Reg. Nurse Supervisors	0.8
Registered Nurses	1.0
Licensed Practical Nurses	1.3
Home Health Aides	2.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.9
TOTAL FTEs	9.2

**Indianhead Med. Ctr., Inc. Home Health Agency**  
 113 4th Avenue  
 Shell Lake WI 54871 Washburn County  
 (715) 468-7833

**COUNTIES SERVED**  
 Barron  
 Burnett  
 Polk  
 Sawyer  
 Washburn

License Number: 324  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 12/5/2002 = 5  
 Number of unduplicated patients in 2002 = 100

**TOTAL NUMBER OF ADMISSIONS** 86

**PERCENT ADMISSIONS FROM:**

Private Residences	27.9%
General Hospitals	66.3
Nursing Homes	5.8
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 93

**PERCENT DISCHARGES TO:**

Private Residences	75.3%
General Hospitals	7.5
Nursing Homes	4.3
Deaths	9.7
Other	3.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	99	1,325	13.4
Home Health Aide	30	297	9.9
Physical Therapy	28	119	4.3
Spch/Occ/Resp Therapy	10	27	2.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	2	10	5.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,778	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.0%	Medicare 82.7%
4 to 24 2.0	Medicaid 7.7
25 to 54 8.0	Other Federal 0.0
55 to 64 5.0	State Funds 0.0
65 to 74 27.0	Private Insurance 7.7
75 to 84 33.0	Self Pay 1.0
85 & over 24.0	Other 1.0
	TOTAL PATIENTS 104

Males 36.0% Females 64.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.0%	Digestive Disorders 5.0%
Cancer 9.0	Genitourinary Sys. 1.0
Diabetes 14.0	Preg. & Childbirth 1.0
Diseases of Blood 0.0	Arthropathies 9.0
Dementia/Alzheimers 0.0	Osteopathies 3.0
Psychoses/Neuroses 1.0	Perinatal Period 0.0
Central Nervous Sys. 1.0	Ill-Defined Cond. 5.0
Paralysis/CP 0.0	Fractures 5.0
Cardiovascular 17.0	Wounds, Burns 3.0
Stroke 6.0	Compl. of Surgery 3.0
Respiratory 9.0	Other Conditions 7.0

**REVENUE**

Billings \$	181,848
Disallowances	-20,909
Collections	202,757
Other	0
Total	202,757

**EXPENSES**

Total \$	327,403
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**STAFFING**

**FTES**

Administrators	0.1
Reg. Nurse Supervisors	1.0
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	0.3
Physical Therapists	0.1
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTES	4.4

**Spooner Health System Home Care**819 Ash Street  
Spooner WI 54801

Washburn County

(715) 635-2111

**COUNTIES SERVED**Burnett  
Douglas  
Sawyer  
Washburn

License Number: 208

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 12

Number of unduplicated patients in 2002 = 141

**TOTAL NUMBER OF ADMISSIONS** 140**PERCENT ADMISSIONS FROM:**

Private Residences	26.4%
General Hospitals	63.6
Nursing Homes	8.6
Other	1.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 140

**PERCENT DISCHARGES TO:**

Private Residences	67.9%
General Hospitals	20.7
Nursing Homes	3.6
Deaths	4.3
Other	3.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	139	1,480	10.6
Home Health Aide	56	1,080	19.3
Physical Therapy	78	629	8.1
Spch/Occ/Resp Therapy	41	178	4.3
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	10	377	37.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	4	158	39.5
TOTAL	XXXXXXX	3,902	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 72.5%
4 to 24 3.5	Medicaid 9.5
25 to 54 5.0	Other Federal 1.1
55 to 64 7.8	State Funds 0.0
65 to 74 21.3	Private Insurance 10.1
75 to 84 36.2	Self Pay 6.9
85 & over 26.2	Other 0.0
	TOTAL PATIENTS 189

Males 37.6% Females 62.4 %

PRIMARY DIAGNOSIS	
Infectious Disorders 2.1%	Digestive Disorders 6.4%
Cancer 7.8	Genitourinary Sys. 2.1
Diabetes 5.7	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 25.5
Dementia/Alzheimers 0.0	Osteopathies 2.1
Psychoses/Neuroses 0.7	Perinatal Period 0.0
Central Nervous Sys. 1.4	Ill-Defined Cond. 2.1
Paralysis/CP 0.0	Fractures 6.4
Cardiovascular 18.4	Wounds, Burns 0.7
Stroke 2.1	Compl. of Surgery 2.1
Respiratory 5.7	Other Conditions 8.5

**REVENUE**

Billings \$	405,843
Disallowances	43,597
Collections	362,246
Other	0
Total	362,246

**EXPENSES**

Total \$	381,272
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.2
Licensed Practical Nurses	0.0
Home Health Aides	2.2
Physical Therapists	0.5
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.3
Homemakers	0.0
Other Staff	1.4
TOTAL FTEs	8.9

**Heartland Home Health Care & Hospice**  
 13255 West Bluemound Road, Suite 100  
 Brookfield WI 53005 Waukesha County

(262) 641-6620

License Number: 280  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 12/5/2002 = 105  
 Number of unduplicated patients in 2002 = 1,688

**COUNTIES SERVED**

Dodge  
 Fond du Lac  
 Kenosha  
 Milwaukee  
 Ozaukee  
 Racine  
 Walworth  
 Washington  
 Waukesha

**TOTAL NUMBER OF ADMISSIONS** 1,398

**PERCENT ADMISSIONS FROM:**

Private Residences 56.3%  
 General Hospitals 13.0  
 Nursing Homes 20.8  
 Other 9.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,512

**PERCENT DISCHARGES TO:**

Private Residences 78.5%  
 General Hospitals 8.8  
 Nursing Homes 0.0  
 Deaths 2.4  
 Other 10.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,115	16,727	15.0
Home Health Aide	421	26,782	63.6
Physical Therapy	513	3,553	6.9
Spch/Occ/Resp Therapy	217	1,028	4.7
Medical Social Service	144	237	1.6
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	8	277	34.6
TOTAL	XXXXXXX	48,604	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.1%	Medicare 56.5%
4 to 24 2.1	Medicaid 4.7
25 to 54 11.5	Other Federal 0.0
55 to 64 7.0	State Funds 0.0
65 to 74 23.0	Private Insurance 34.2
75 to 84 32.3	Self Pay 4.7
85 & over 23.9	Other 0.0
	TOTAL PATIENTS 2,577

PRIMARY DIAGNOSIS	
Infectious Disorders 0.6%	Digestive Disorders 2.0%
Cancer 6.3	Genitourinary Sys. 1.6
Diabetes 5.7	Preg. & Childbirth 0.0
Diseases of Blood 1.7	Arthropathies 5.2
Dementia/Alzheimers 9.5	Osteopathies 4.6
Psychoses/Neuroses 2.9	Perinatal Period 0.1
Central Nervous Sys. 6.2	Ill-Defined Cond. 5.7
Paralysis/CP 3.9	Fractures 2.8
Cardiovascular 11.5	Wounds, Burns 0.6
Stroke 10.9	Compl. of Surgery 0.1
Respiratory 2.6	Other Conditions 15.6

**REVENUE**

Billings \$ 5,845,035  
 Disallowances 1,552,817  
 Collections 4,292,218  
 Other 0  
 Total 4,292,218

**EXPENSES**

Total \$ 4,537,871

**STAFFING**

**FTES**

Administrators 2.0  
 Reg. Nurse Supervisors 4.0  
 Registered Nurses 7.6  
 Licensed Practical Nurses 12.4  
 Home Health Aides 16.8  
 Physical Therapists 1.1  
 Occupational Therapists 0.1  
 Speech Pathologists 0.0  
 Respiratory Therapists 0.0  
 Medical Social Workers 0.3  
 Other Therapeutic Staff 0.1  
 Personal Care Workers 5.9  
 Homemakers 1.7  
 Other Staff 11.4  
 TOTAL FTES 63.1

**LS Prof Comfort Homes, Inc.**

14665 West Lisbon Avenue, Suite 2C

Brookfield WI 53005

Waukesha County

**COUNTIES SERVED**

Milwaukee

(262) 781-0448

License Number: 1022

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 6

Number of unduplicated patients in 2002 = 20

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	16	706	44.1
Home Health Aide	8	777	97.1
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	18	630	35.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,113	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 25.0%
4 to 24 10.0	Medicaid 60.0
25 to 54 45.0	Other Federal 0.0
55 to 64 20.0	State Funds 0.0
65 to 74 10.0	Private Insurance 5.0
75 to 84 10.0	Self Pay 0.0
85 & over 5.0	Other 10.0
	TOTAL PATIENTS 20

Males 55.0% Females 45.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 10.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 10.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 20.0
Paralysis/CP 5.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 5.0
Respiratory 0.0	Other Conditions 50.0

**TOTAL NUMBER OF ADMISSIONS** 22**PERCENT ADMISSIONS FROM:**

Private Residences	45.5%
General Hospitals	54.5
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 4

**PERCENT DISCHARGES TO:**

Private Residences	50.0%
General Hospitals	50.0
Nursing Homes	0.0
Deaths	0.0
Other	0.0

**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.5
Licensed Practical Nurses	0.5
Home Health Aides	8.0
Physical Therapists	0.5
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	11.0
Homemakers	0.0
Other Staff	1.5
<b>TOTAL FTEs</b>	<b>25.0</b>

**REVENUE**

Billings \$	177,228
Disallowances	0
Collections	177,228
Other	0
<b>Total</b>	<b>177,228</b>

**EXPENSES**

<b>Total \$</b>	<b>241,549</b>
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**Universal Pediatric Services, Inc.**

17100 West Bluemound Road, Suite 200  
 Brookfield WI 53005 Waukesha County

(877) 347-8800

**COUNTIES SERVED**

Kenosha  
 Milwaukee  
 Walworth  
 Waukesha

License Number: 1009

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 7

Number of unduplicated patients in 2002 = 37

**TOTAL NUMBER OF ADMISSIONS** 11

**PERCENT ADMISSIONS FROM:**

Private Residences	63.6%
General Hospitals	36.4
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 19

**PERCENT DISCHARGES TO:**

Private Residences	68.4%
General Hospitals	0.0
Nursing Homes	5.3
Deaths	5.3
Other	21.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	13	137	10.5
Home Health Aide	3	412	137.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	21	2,053	97.8
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,602	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 59.5%	Medicare 0.0%
4 to 24 40.5	Medicaid 91.9
25 to 54 0.0	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 0.0	Private Insurance 5.4
75 to 84 0.0	Self Pay 2.7
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 37

Males 51.4% Females 48.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 40.5
Central Nervous Sys. 2.7	Ill-Defined Cond. 2.7
Paralysis/CP 8.1	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 8.1	Other Conditions 37.8

**REVENUE**

Billings \$	856,802
Disallowances	242,306
Collections	614,496
Other	0
Total	614,496

**EXPENSES**

Total \$	664,479
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.6
Registered Nurses	11.0
Licensed Practical Nurses	3.0
Home Health Aides	5.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	21.6

**Prohealth Home Care**

1020 James Drive  
Hartland WI 53029

Waukesha County

(262) 928-7446

License Number: 170

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 66

Number of unduplicated patients in 2002 = 2,288

**COUNTIES SERVED**

Dodge  
Jefferson  
Milwaukee  
Racine  
Walworth  
Washington  
Waukesha

**TOTAL NUMBER OF ADMISSIONS** 2,526

**PERCENT ADMISSIONS FROM:**

Private Residences	18.7%
General Hospitals	70.8
Nursing Homes	5.1
Other	5.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 2,511

**PERCENT DISCHARGES TO:**

Private Residences	83.2%
General Hospitals	12.5
Nursing Homes	1.1
Deaths	1.1
Other	2.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,834	15,871	8.7
Home Health Aide	265	5,304	20.0
Physical Therapy	702	4,764	6.8
Spch/Occ/Resp Therapy	278	1,910	6.9
Medical Social Service	96	102	1.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	391	8,149	20.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	17	2,531	148.9
TOTAL	XXXXXXX	38,631	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 8.4%	Medicare 56.9%
4 to 24 6.5	Medicaid 3.2
25 to 54 24.1	Other Federal 0.0
55 to 64 5.9	State Funds 2.0
65 to 74 13.9	Private Insurance 24.3
75 to 84 25.5	Self Pay 13.1
85 & over 15.6	Other 0.5
	TOTAL PATIENTS 2,526

Males 32.1% Females 67.9 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.3%	Digestive Disorders 4.6%
Cancer 7.5	Genitourinary Sys. 3.8
Diabetes 3.2	Preg. & Childbirth 18.9
Diseases of Blood 1.0	Arthropathies 5.6
Dementia/Alzheimers 0.4	Osteopathies 1.8
Psychoses/Neuroses 1.0	Perinatal Period 7.9
Central Nervous Sys. 2.8	Ill-Defined Cond. 3.8
Paralysis/CP 0.2	Fractures 5.4
Cardiovascular 14.3	Wounds, Burns 6.5
Stroke 2.8	Compl. of Surgery 0.8
Respiratory 5.8	Other Conditions 0.4

**REVENUE**

Billings	\$ 3,469,418
Disallowances	469,836
Collections	2,999,582
Other	36,000
Total	3,035,582

**EXPENSES**

Total	\$ 3,025,489
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	28.5
Licensed Practical Nurses	1.8
Home Health Aides	17.6
Physical Therapists	5.2
Occupational Therapists	1.4
Speech Pathologists	0.5
Respiratory Therapists	0.0
Medical Social Workers	1.2
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	3.3
Other Staff	11.8
TOTAL FTES	74.1



**Hannah Home Health Care, Inc.**

920 Greenwald Court, Suite 300

Mukwonago WI 53149

Waukesha County

(262) 363-2500

**COUNTIES SERVED**

Jefferson

Milwaukee

Racine

Walworth

Waukesha

License Number: 240

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 41

Number of unduplicated patients in 2002 = 118

**TOTAL NUMBER OF ADMISSIONS** 72**PERCENT ADMISSIONS FROM:**

Private Residences	38.9%
General Hospitals	19.4
Nursing Homes	13.9
Other	27.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 67

**PERCENT DISCHARGES TO:**

Private Residences	41.8%
General Hospitals	26.9
Nursing Homes	6.0
Deaths	9.0
Other	16.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	117	3,402	29.1
Home Health Aide	77	13,555	176.0
Physical Therapy	26	195	7.5
Spch/Occ/Resp Therapy	6	64	10.7
Medical Social Service	0	0	0.0
Private Duty Nursing	1	68	68.0
Personal Care/PC RN Supv.	30	1,876	62.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	19,160	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.8%	Medicare 41.5%
4 to 24 12.7	Medicaid 43.8
25 to 54 28.0	Other Federal 3.1
55 to 64 9.3	State Funds 0.0
65 to 74 12.7	Private Insurance 6.9
75 to 84 20.3	Self Pay 4.6
85 & over 16.1	Other 0.0
	TOTAL PATIENTS 130

Males 44.1% Females 55.9 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.8%
Cancer 3.4	Genitourinary Sys. 2.5
Diabetes 2.5	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 7.6
Dementia/Alzheimers 0.8	Osteopathies 0.8
Psychoses/Neuroses 3.4	Perinatal Period 0.0
Central Nervous Sys. 21.2	Ill-Defined Cond. 7.6
Paralysis/CP 15.3	Fractures 2.5
Cardiovascular 7.6	Wounds, Burns 1.7
Stroke 5.9	Compl. of Surgery 0.0
Respiratory 2.5	Other Conditions 13.6

**REVENUE**

Billings	\$ 1,162,709
Disallowances	282,866
Collections	879,843
Other	3,943
Total	883,786

**EXPENSES**

Total	\$ 818,826
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.1
Licensed Practical Nurses	0.8
Home Health Aides	13.2
Physical Therapists	0.1
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.9
Homemakers	0.0
Other Staff	3.6
TOTAL FTES	22.7

**Coram Alternate Site Services Inc.**

17012 West Victor Road

New Berlin WI 53151

Waukesha County

(262) 785-9318

License Number: 247

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 4

Number of unduplicated patients in 2002 = 150

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	150	1,236	8.2
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,236	XXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	3.3%	Medicare	0.0%
4 to 24	14.7	Medicaid	0.0
25 to 54	54.7	Other Federal	2.0
55 to 64	20.7	State Funds	0.0
65 to 74	6.0	Private Insurance	98.0
75 to 84	0.7	Self Pay	0.0
85 & over	0.0	Other	0.0
		TOTAL PATIENTS	150

Males 50.0% Females 50.0 %

PRIMARY DIAGNOSIS			
Infectious Disorders	9.3%	Digestive Disorders	6.0%
Cancer	19.3	Genitourinary Sys.	1.3
Diabetes	0.7	Preg. & Childbirth	0.0
Diseases of Blood	6.7	Arthropathies	2.0
Dementia/Alzheimers	0.0	Osteopathies	2.7
Psychoses/Neuroses	0.0	Perinatal Period	2.0
Central Nervous Sys.	10.7	Ill-Defined Cond.	1.3
Paralysis/CP	0.0	Fractures	1.3
Cardiovascular	5.3	Wounds, Burns	1.3
Stroke	0.0	Compl. of Surgery	8.0
Respiratory	2.0	Other Conditions	20.0

**COUNTIES SERVED**

Brown

Calumet

Dane

Dodge

Door

Fond du Lac

Iowa

Jefferson

Kenosha

Kewaunee

LaFayette

Lincoln

Manitowoc

Marathon

Marinette

Milwaukee

Ozaukee

Racine

Rock

Sauk

Sheboygan

Walworth

Washington

Waukesha

Winnebago

**TOTAL NUMBER OF ADMISSIONS** 130**PERCENT ADMISSIONS FROM:**

Private Residences	26.9%
General Hospitals	73.1
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 124

**PERCENT DISCHARGES TO:**

Private Residences	83.9%
General Hospitals	5.6
Nursing Homes	0.0
Deaths	8.1
Other	2.4

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.8
Registered Nurses	3.2
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTES</b>	<b>5.0</b>

**REVENUE**

Billings	\$	261,018
Disallowances		149,233
Collections		111,785
Other		0
<b>Total</b>		<b>111,785</b>

**EXPENSES**

<b>Total</b>	\$	<b>279,538</b>
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**Lutheran Social Services Home Care**

N55A W226 Eastmound Drive

Waukesha WI 53186

Waukesha County

(262) 896-3444

**COUNTIES SERVED**

Jefferson

Milwaukee

Rock

Walworth

Waukesha

License Number: 220

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 145

Number of unduplicated patients in 2002 = 203

**TOTAL NUMBER OF ADMISSIONS** 38**PERCENT ADMISSIONS FROM:**

Private Residences	21.1%
General Hospitals	7.9
Nursing Homes	5.3
Other	65.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 34

**PERCENT DISCHARGES TO:**

Private Residences	67.6%
General Hospitals	14.7
Nursing Homes	2.9
Deaths	8.8
Other	5.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	165	4,615	28.0
Home Health Aide	25	4,807	192.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	358	103,577	289.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	112,999	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 2.8%
4 to 24 15.8	Medicaid 92.1
25 to 54 58.6	Other Federal 0.0
55 to 64 12.3	State Funds 0.0
65 to 74 4.9	Private Insurance 1.4
75 to 84 3.9	Self Pay 3.7
85 & over 3.9	Other 0.0
	TOTAL PATIENTS 216

Males 51.2% Females 48.8 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 1.0	Genitourinary Sys. 0.0
Diabetes 2.5	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 2.5
Dementia/Alzheimers 1.0	Osteopathies 0.5
Psychoses/Neuroses 12.8	Perinatal Period 0.0
Central Nervous Sys. 7.4	Ill-Defined Cond. 0.0
Paralysis/CP 16.3	Fractures 1.0
Cardiovascular 2.5	Wounds, Burns 2.5
Stroke 3.0	Compl. of Surgery 0.5
Respiratory 1.0	Other Conditions 45.8

REVENUE	
Billings \$	2,669,268
Disallowances	12,820
Collections	2,656,448
Other	0
Total	2,656,448

EXPENSES	
Total \$	2,570,802

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	4.4
Licensed Practical Nurses	0.4
Home Health Aides	6.0
Physical Therapists	0.0
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	68.8
Homemakers	0.0
Other Staff	6.0
TOTAL FTES	88.8

**St. Joseph Home Care**

101 East Beckert Road, #011

New London WI 54961

Waupaca County

**COUNTIES SERVED**

Outagamie

Waupaca

(920) 982-5354

License Number: 300

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 1

Number of unduplicated patients in 2002 = 5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	5	24	4.8
Home Health Aide	4	159	39.8
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	183	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 0.0	Medicaid 0.0
25 to 54 0.0	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 0.0	Private Insurance 0.0
75 to 84 20.0	Self Pay 100.0
85 & over 80.0	Other 0.0
	TOTAL PATIENTS 5

Males 40.0% Females 60.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 40.0	Genitourinary Sys. 20.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 20.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 20.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 0.0

**TOTAL NUMBER OF ADMISSIONS** 8**PERCENT ADMISSIONS FROM:**

Private Residences	50.0%
General Hospitals	12.5
Nursing Homes	25.0
Other	12.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 6

**PERCENT DISCHARGES TO:**

Private Residences	50.0%
General Hospitals	33.3
Nursing Homes	16.7
Deaths	0.0
Other	0.0

**STAFFING****FTEs**

Administrators	0.8
Reg. Nurse Supervisors	0.0
Registered Nurses	0.0
Licensed Practical Nurses	0.0
Home Health Aides	1.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTEs</b>	<b>2.0</b>

**REVENUE**

Billings \$	9,180
Disallowances	0
Collections	9,180
Other	0
<b>Total</b>	<b>9,180</b>

**EXPENSES**

<b>Total</b> \$	<b>11,167</b>
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**REM Health of Wisconsin Inc.**

112 South Main Street

Waupaca WI 54981

Waupaca County

(715) 258-2130

License Number: 24

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 14

Number of unduplicated patients in 2002 = 60

**COUNTIES SERVED**

Brown

Outagamie

Portage

Shawano

Waupaca

Waushara

Winnebago

**TOTAL NUMBER OF ADMISSIONS** 27**PERCENT ADMISSIONS FROM:**

Private Residences 59.3%

General Hospitals 40.7

Nursing Homes 0.0

Other 0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 27

**PERCENT DISCHARGES TO:**

Private Residences 66.7%

General Hospitals 3.7

Nursing Homes 14.8

Deaths 7.4

Other 7.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	45	547	12.2
Home Health Aide	4	637	159.3
Physical Therapy	2	13	6.5
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	7	1,111	158.7
Personal Care/PC RN Supv.	44	8,658	196.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,966	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.7%	Medicare 24.2%
4 to 24 13.3	Medicaid 50.0
25 to 54 21.7	Other Federal 0.0
55 to 64 15.0	State Funds 0.0
65 to 74 16.7	Private Insurance 14.5
75 to 84 23.3	Self Pay 11.3
85 & over 8.3	Other 0.0
	TOTAL PATIENTS 62

Males 41.7% Females 58.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.7%
Cancer 5.0	Genitourinary Sys. 3.3
Diabetes 1.7	Preg. & Childbirth 1.7
Diseases of Blood 5.0	Arthropathies 0.0
Dementia/Alzheimers 1.7	Osteopathies 3.3
Psychoses/Neuroses 1.7	Perinatal Period 0.0
Central Nervous Sys. 1.7	Ill-Defined Cond. 0.0
Paralysis/CP 13.3	Fractures 0.0
Cardiovascular 21.7	Wounds, Burns 3.3
Stroke 0.0	Compl. of Surgery 6.7
Respiratory 6.7	Other Conditions 21.7

REVENUE	
Billings \$	763,759
Disallowances	261,962
Collections	501,797
Other	0
Total	501,797

EXPENSES	
Total \$	607,362

**STAFFING FTES**

Administrators 0.3

Reg. Nurse Supervisors 1.0

Registered Nurses 1.2

Licensed Practical Nurses 1.5

Home Health Aides 0.7

Physical Therapists 0.0

Occupational Therapists 0.0

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 4.2

Homemakers 0.0

Other Staff 1.0

TOTAL FTES 9.9

**Preferred Home Health Care, Inc.**1476 Kenwood Drive  
Menasha WI 54952

Winnebago County

**COUNTIES SERVED**Outagamie  
Winnebago

(920) 725-1116

License Number: 157

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 46

Number of unduplicated patients in 2002 = 247

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	82	1,582	19.3
Home Health Aide	229	17,095	74.7
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	5	1,365	273.0
Personal Care/PC RN Supv.	155	10,668	68.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	59	2,415	40.9
TOTAL	XXXXXXX	33,125	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.4%	Medicare 5.8%
4 to 24 4.5	Medicaid 45.7
25 to 54 24.3	Other Federal 0.0
55 to 64 11.7	State Funds 21.9
65 to 74 13.4	Private Insurance 4.3
75 to 84 27.1	Self Pay 22.3
85 & over 18.6	Other 0.0
	TOTAL PATIENTS 278

Males 34.4% Females 65.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.4%
Cancer 4.0	Genitourinary Sys. 3.2
Diabetes 14.2	Preg. & Childbirth 0.0
Diseases of Blood 0.8	Arthropathies 9.7
Dementia/Alzheimers 2.4	Osteopathies 6.9
Psychoses/Neuroses 2.8	Perinatal Period 0.0
Central Nervous Sys. 10.9	Ill-Defined Cond. 0.8
Paralysis/CP 13.4	Fractures 2.0
Cardiovascular 8.5	Wounds, Burns 5.3
Stroke 8.5	Compl. of Surgery 0.0
Respiratory 2.8	Other Conditions 3.2

**TOTAL NUMBER OF ADMISSIONS** 89**PERCENT ADMISSIONS FROM:**

Private Residences	76.4%
General Hospitals	11.2
Nursing Homes	7.9
Other	4.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 85

**PERCENT DISCHARGES TO:**

Private Residences	48.2%
General Hospitals	14.1
Nursing Homes	17.6
Deaths	11.8
Other	8.2

**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	3.5
Registered Nurses	6.0
Licensed Practical Nurses	0.5
Home Health Aides	20.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	3.5
Other Staff	5.0
<b>TOTAL FTEs</b>	<b>40.3</b>

**REVENUE**

Billings	\$ 1,544,079
Disallowances	244,460
Collections	1,299,619
Other	250
<b>Total</b>	<b>1,299,869</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,296,135</b>
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**Thedacare At Home**

201 East Bell Street  
Neenah WI 54957

Winnebago County

(920) 969-0919

License Number: 88

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/5/2002 = 92

Number of unduplicated patients in 2002 = 1,400

**COUNTIES SERVED**

Brown  
Calumet  
Green Lake  
Outagamie  
Shawano  
Waupaca  
Waushara  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 1,270

**PERCENT ADMISSIONS FROM:**

Private Residences	39.8%
General Hospitals	52.4
Nursing Homes	6.1
Other	1.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,369

**PERCENT DISCHARGES TO:**

Private Residences	82.2%
General Hospitals	2.7
Nursing Homes	4.7
Deaths	3.6
Other	6.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,123	12,422	11.1
Home Health Aide	209	5,222	25.0
Physical Therapy	516	3,904	7.6
Spch/Occ/Resp Therapy	211	910	4.3
Medical Social Service	58	65	1.1
Private Duty Nursing	3	691	230.3
Personal Care/PC RN Supv.	16	1,384	86.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	24,598	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.9%	Medicare 59.1%
4 to 24 3.6	Medicaid 5.6
25 to 54 11.1	Other Federal 0.1
55 to 64 8.9	State Funds 0.0
65 to 74 17.0	Private Insurance 35.0
75 to 84 32.8	Self Pay 0.2
85 & over 24.7	Other 0.0
	TOTAL PATIENTS 1,400

Males 41.5% Females 58.5 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.0%	Digestive Disorders 5.9%
Cancer 10.6	Genitourinary Sys. 3.4
Diabetes 3.5	Preg. & Childbirth 0.2
Diseases of Blood 0.6	Arthropathies 7.4
Dementia/Alzheimers 0.6	Osteopathies 1.1
Psychoses/Neuroses 0.4	Perinatal Period 0.4
Central Nervous Sys. 2.8	Ill-Defined Cond. 5.5
Paralysis/CP 0.7	Fractures 5.9
Cardiovascular 21.9	Wounds, Burns 6.4
Stroke 2.5	Compl. of Surgery 1.8
Respiratory 9.9	Other Conditions 7.5

**REVENUE**

Billings	\$ 3,106,831
Disallowances	120,739
Collections	2,986,092
Other	120,636
Total	3,106,728

**EXPENSES**

Total	\$ 3,135,040
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	29.6
Licensed Practical Nurses	2.3
Home Health Aides	7.9
Physical Therapists	5.2
Occupational Therapists	0.4
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	2.3
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	14.0
TOTAL FTES	63.7

**Affinity Visiting Nurses**

515 South Washburn, Suite 206  
Oshkosh WI 54904

Winnebago County

(920) 996-4800

License Number: 144

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 41

Number of unduplicated patients in 2002 = 848

**COUNTIES SERVED**

Brown  
Calumet  
Fond du Lac  
Green Lake  
Outagamie  
Shawano  
Waushara  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 844

**PERCENT ADMISSIONS FROM:**

Private Residences	0.4%
General Hospitals	69.3
Nursing Homes	5.6
Other	24.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 849

**PERCENT DISCHARGES TO:**

Private Residences	80.4%
General Hospitals	3.4
Nursing Homes	3.8
Deaths	1.5
Other	10.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	730	8,170	11.2
Home Health Aide	147	3,038	20.7
Physical Therapy	379	2,585	6.8
Spch/Occ/Resp Therapy	218	867	4.0
Medical Social Service	103	130	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,790	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.2%	Medicare 78.8%
4 to 24 1.7	Medicaid 2.7
25 to 54 12.7	Other Federal 0.1
55 to 64 8.7	State Funds 0.0
65 to 74 18.3	Private Insurance 17.9
75 to 84 32.8	Self Pay 0.5
85 & over 25.6	Other 0.0
	TOTAL PATIENTS 848

Males 40.3% Females 59.7 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.5%	Digestive Disorders 6.3%
Cancer 10.7	Genitourinary Sys. 4.2
Diabetes 4.4	Preg. & Childbirth 0.0
Diseases of Blood 0.5	Arthropathies 12.7
Dementia/Alzheimers 0.2	Osteopathies 1.7
Psychoses/Neuroses 0.7	Perinatal Period 0.0
Central Nervous Sys. 1.9	Ill-Defined Cond. 10.8
Paralysis/CP 0.2	Fractures 7.0
Cardiovascular 12.1	Wounds, Burns 1.8
Stroke 3.1	Compl. of Surgery 4.1
Respiratory 7.0	Other Conditions 10.1

REVENUE	
Billings \$	2,019,643
Disallowances	228,310
Collections	1,791,333
Other	0
Total	1,791,333

EXPENSES	
Total \$	2,117,688

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.8
Licensed Practical Nurses	1.6
Home Health Aides	4.0
Physical Therapists	3.0
Occupational Therapists	0.7
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	5.2
TOTAL FTES	23.3



**Clarity Care Inc.**

424 Washington Avenue  
Oshkosh WI 54901

Winnebago County

(920) 236-6567

License Number: 214

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 246

Number of unduplicated patients in 2002 = 410

**COUNTIES SERVED**

Brown  
Fond du Lac  
Oconto  
Oneida  
Outagamie  
Waupaca  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 121

**PERCENT ADMISSIONS FROM:**

Private Residences	47.9%
General Hospitals	20.7
Nursing Homes	5.0
Other	26.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 106

**PERCENT DISCHARGES TO:**

Private Residences	50.0%
General Hospitals	10.4
Nursing Homes	10.4
Deaths	10.4
Other	18.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	210	3,634	17.3
Home Health Aide	46	8,843	192.2
Physical Therapy	26	277	10.7
Spch/Occ/Resp Therapy	15	170	11.3
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	559	180,167	322.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	193,091	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 14.8%
4 to 24 6.8	Medicaid 81.1
25 to 54 46.8	Other Federal 0.0
55 to 64 13.7	State Funds 0.0
65 to 74 8.3	Private Insurance 3.6
75 to 84 12.7	Self Pay 0.5
85 & over 11.7	Other 0.0
	TOTAL PATIENTS 419

Males 46.8% Females 53.2 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.0%	Digestive Disorders 1.2%
Cancer 1.7	Genitourinary Sys. 0.2
Diabetes 7.3	Preg. & Childbirth 0.0
Diseases of Blood 1.5	Arthropathies 5.4
Dementia/Alzheimers 0.7	Osteopathies 0.5
Psychoses/Neuroses 3.2	Perinatal Period 0.0
Central Nervous Sys. 5.9	Ill-Defined Cond. 5.4
Paralysis/CP 13.2	Fractures 4.9
Cardiovascular 6.3	Wounds, Burns 2.9
Stroke 2.7	Compl. of Surgery 0.5
Respiratory 1.5	Other Conditions 34.1

**REVENUE**

Billings	\$ 5,365,023
Disallowances	1,254,414
Collections	4,110,609
Other	67,741
Total	4,178,350

**EXPENSES**

Total	\$ 3,943,493
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	5.8
Licensed Practical Nurses	3.4
Home Health Aides	0.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTES	13.2

**Homemakers Inc. of Oshkosh**

2020 West 9th Avenue, Box 2128

Oshkosh WI 54904

Winnebago County

(920) 233-2081

License Number: 17

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 207

Number of unduplicated patients in 2002 = 500

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	144	4,816	33.4
Home Health Aide	80	24,207	302.6
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	3	991	330.3
Medical Social Service	0	0	0.0
Private Duty Nursing	35	3,206	91.6
Personal Care/PC RN Supv.	578	25,798	44.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	59,018	XXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	2.4%	Medicare	4.2%
4 to 24	14.0	Medicaid	84.8
25 to 54	29.0	Other Federal	0.0
55 to 64	11.6	State Funds	9.2
65 to 74	17.0	Private Insurance	1.4
75 to 84	17.6	Self Pay	0.3
85 & over	8.4	Other	0.0
		TOTAL PATIENTS	574
Males	33.0%	Females	67.0 %

PRIMARY DIAGNOSIS			
Infectious Disorders	1.0%	Digestive Disorders	0.8%
Cancer	1.8	Genitourinary Sys.	1.6
Diabetes	5.6	Preg. & Childbirth	0.0
Diseases of Blood	0.8	Arthropathies	4.6
Dementia/Alzheimers	5.6	Osteopathies	2.8
Psychoses/Neuroses	3.4	Perinatal Period	0.0
Central Nervous Sys.	16.8	Ill-Defined Cond.	0.8
Paralysis/CP	8.6	Fractures	2.8
Cardiovascular	7.4	Wounds, Burns	2.4
Stroke	2.8	Compl. of Surgery	0.0
Respiratory	7.4	Other Conditions	23.0

**COUNTIES SERVED**

Brown  
Calumet  
Dodge  
Door  
Fond du Lac  
Green Lake  
Jefferson  
Kewaunee  
Manitowoc  
Marathon  
Oconto  
Outagamie  
Portage  
Sheboygan  
Washington  
Waushara  
Winnebago  
Wood

**TOTAL NUMBER OF ADMISSIONS** 202**PERCENT ADMISSIONS FROM:**

Private Residences	81.2%
General Hospitals	13.9
Nursing Homes	4.0
Other	1.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 164

**PERCENT DISCHARGES TO:**

Private Residences	71.3%
General Hospitals	1.2
Nursing Homes	14.0
Deaths	7.3
Other	6.1

**STAFFING FTES**

Administrators	0.4
Reg. Nurse Supervisors	12.9
Registered Nurses	5.1
Licensed Practical Nurses	10.5
Home Health Aides	34.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	50.4
Homemakers	7.3
Other Staff	13.0
<b>TOTAL FTES</b>	<b>134.2</b>

**REVENUE**

Billings	\$ 6,031,286
Disallowances	1,557,518
Collections	4,473,768
Other	0
<b>Total</b>	<b>4,473,768</b>

**EXPENSES**

<b>Total</b>	<b>\$ 4,290,866</b>
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**Ministry Health Care Home Health - Marshfield**

303 West Upham, Suite 208

Marshfield WI 54449

Wood County

(715) 387-9685

License Number: 182

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 52

Number of unduplicated patients in 2002 = 1,221

**COUNTIES SERVED**

Chippewa

Clark

Lincoln

Marathon

Portage

Price

Rock

Taylor

Waupaca

Waushara

Wood

**TOTAL NUMBER OF ADMISSIONS** 1,198**PERCENT ADMISSIONS FROM:**

Private Residences	1.5%
General Hospitals	58.8
Nursing Homes	8.3
Other	31.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,261

**PERCENT DISCHARGES TO:**

Private Residences	84.1%
General Hospitals	2.8
Nursing Homes	4.0
Deaths	1.2
Other	8.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,114	13,107	11.8
Home Health Aide	321	5,181	16.1
Physical Therapy	360	3,142	8.7
Spch/Occ/Resp Therapy	177	1,587	9.0
Medical Social Service	99	220	2.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	54	1,051	19.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	24,288	XXXXX

**AGE AND SEX OF PATIENTS**

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.2%	Medicare 77.8%
4 to 24 2.0	Medicaid 7.8
25 to 54 7.6	Other Federal 0.2
55 to 64 7.0	State Funds 0.6
65 to 74 17.4	Private Insurance 10.7
75 to 84 35.2	Self Pay 2.4
85 & over 26.6	Other 0.5
	TOTAL PATIENTS 1,221

Males 39.8% Females 60.2 %

**PRIMARY DIAGNOSIS**

PRIMARY DIAGNOSIS	
Infectious Disorders	0.7%
Cancer	7.7
Diabetes	3.5
Diseases of Blood	0.5
Dementia/Alzheimers	0.3
Psychoses/Neuroses	5.8
Central Nervous Sys.	1.6
Paralysis/CP	0.6
Cardiovascular	20.8
Stroke	3.1
Respiratory	6.2

PRIMARY DIAGNOSIS	
Digestive Disorders	5.2%
Genitourinary Sys.	2.5
Preg. & Childbirth	0.2
Arthropathies	11.3
Osteopathies	2.9
Perinatal Period	0.1
Ill-Defined Cond.	5.7
Fractures	4.8
Wounds, Burns	3.5
Compl. of Surgery	4.1
Other Conditions	8.8

**REVENUE**

Billings	\$ 3,218,533
Disallowances	524,937
Collections	2,693,596
Other	14,290
Total	2,707,886

**EXPENSES**

Total	\$ 3,052,845
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	14.8
Licensed Practical Nurses	0.2
Home Health Aides	5.7
Physical Therapists	2.0
Occupational Therapists	0.6
Speech Pathologists	0.6
Respiratory Therapists	0.0
Medical Social Workers	0.8
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	5.5
TOTAL FTEs	33.2

**Mercy Home Care - Dubuque**

250 Mercy Drive  
Dubuque IA 52001

Out of State

**COUNTIES SERVED**

Grant  
LaFayette

(563) 589-8118

License Number: 197

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 9

Number of unduplicated patients in 2002 = 170

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	153	982	6.4
Home Health Aide	20	96	4.8
Physical Therapy	77	463	6.0
Spch/Occ/Resp Therapy	14	49	3.5
Medical Social Service	8	8	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,598	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 80.0%
4 to 24 0.6	Medicaid 0.0
25 to 54 6.5	Other Federal 0.0
55 to 64 12.9	State Funds 0.0
65 to 74 23.5	Private Insurance 20.0
75 to 84 42.4	Self Pay 0.0
85 & over 14.1	Other 0.0
	TOTAL PATIENTS 175

Males 50.6% Females 49.4 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.2%	Digestive Disorders 4.7%
Cancer 5.3	Genitourinary Sys. 1.8
Diabetes 1.2	Preg. & Childbirth 0.0
Diseases of Blood 2.4	Arthropathies 40.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 1.2	Perinatal Period 0.0
Central Nervous Sys. 1.2	Ill-Defined Cond. 2.9
Paralysis/CP 0.0	Fractures 5.9
Cardiovascular 17.6	Wounds, Burns 2.4
Stroke 1.8	Compl. of Surgery 0.0
Respiratory 10.0	Other Conditions 0.6

**TOTAL NUMBER OF ADMISSIONS** 178

**PERCENT ADMISSIONS FROM:**

Private Residences	0.6%
General Hospitals	96.1
Nursing Homes	0.6
Other	2.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 179

**PERCENT DISCHARGES TO:**

Private Residences	80.4%
General Hospitals	0.0
Nursing Homes	2.2
Deaths	2.8
Other	14.5

**STAFFING****FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.1
Registered Nurses	0.8
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.3
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.5
<b>TOTAL FTES</b>	<b>1.8</b>

**REVENUE**

Billings \$	155,250
Disallowances	19,543
Collections	135,707
Other	29
<b>Total</b>	<b>135,736</b>

**EXPENSES**

<b>Total \$</b>	<b>109,909</b>
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**Interim Healthcare - Lake Superior**

4418 Haines Road, Suite 700

Duluth MN 55811

Out of State

**COUNTIES SERVED**

Douglas

(218) 722-0053

License Number: 284

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 3

Number of unduplicated patients in 2002 = 18

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	9	222	24.7
Home Health Aide	4	189	47.3
Physical Therapy	1	3	3.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	1	19	19.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	10	166	16.6
TOTAL	XXXXXXX	599	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 5.6%
4 to 24 5.6	Medicaid 5.6
25 to 54 16.7	Other Federal 38.9
55 to 64 0.0	State Funds 27.8
65 to 74 11.1	Private Insurance 5.6
75 to 84 44.4	Self Pay 16.7
85 & over 22.2	Other 0.0
	TOTAL PATIENTS 18

Males 50.0% Females 50.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 5.6	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 5.6
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 11.1	Perinatal Period 0.0
Central Nervous Sys. 5.6	Ill-Defined Cond. 5.6
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 5.6	Compl. of Surgery 0.0
Respiratory 11.1	Other Conditions 50.0

**TOTAL NUMBER OF ADMISSIONS** 3**PERCENT ADMISSIONS FROM:**

Private Residences	0.0%
General Hospitals	66.7
Nursing Homes	0.0
Other	33.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 10

**PERCENT DISCHARGES TO:**

Private Residences	50.0%
General Hospitals	10.0
Nursing Homes	20.0
Deaths	20.0
Other	0.0

**STAFFING****FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.2
Registered Nurses	0.6
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.1
Other Staff	0.1
<b>TOTAL FTES</b>	<b>1.0</b>

**REVENUE**

Billings \$	35,848
Disallowances	5,242
Collections	30,606
Other	0
<b>Total</b>	<b>30,606</b>

**EXPENSES**

<b>Total \$</b>	<b>28,612</b>
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**SMDC Home Health**

516 East Fourth Street  
Duluth MN 55805

Out of State

**COUNTIES SERVED**

Douglas

(218) 786-4004

License Number: 175

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 5

Number of unduplicated patients in 2002 = 114

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	108	843	7.8
Home Health Aide	18	452	25.1
Physical Therapy	29	260	9.0
Spch/Occ/Resp Therapy	7	22	3.1
Medical Social Service	7	10	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,587	XXXXX

**TOTAL NUMBER OF ADMISSIONS** 109

**PERCENT ADMISSIONS FROM:**

Private Residences	12.8%
General Hospitals	83.5
Nursing Homes	0.9
Other	2.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 112

**PERCENT DISCHARGES TO:**

Private Residences	88.4%
General Hospitals	5.4
Nursing Homes	1.8
Deaths	0.0
Other	4.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 7.9%	Medicare 27.0%
4 to 24 14.9	Medicaid 29.5
25 to 54 41.2	Other Federal 0.8
55 to 64 7.9	State Funds 1.6
65 to 74 5.3	Private Insurance 23.8
75 to 84 16.7	Self Pay 5.7
85 & over 6.1	Other 11.5
	TOTAL PATIENTS 122

Males 32.5% Females 67.5 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.9%	Digestive Disorders 4.4%
Cancer 3.5	Genitourinary Sys. 5.3
Diabetes 1.8	Preg. & Childbirth 33.3
Diseases of Blood 0.0	Arthropathies 7.0
Dementia/Alzheimers 0.0	Osteopathies 0.9
Psychoses/Neuroses 0.0	Perinatal Period 0.9
Central Nervous Sys. 3.5	Ill-Defined Cond. 6.1
Paralysis/CP 0.0	Fractures 4.4
Cardiovascular 5.3	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 5.3
Respiratory 3.5	Other Conditions 14.0

**REVENUE**

Billings \$	154,884
Disallowances	50,594
Collections	104,290
Other	0
Total	104,290

**EXPENSES**

Total \$	118,565
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	8.2
Licensed Practical Nurses	0.6
Home Health Aides	4.4
Physical Therapists	3.6
Occupational Therapists	1.2
Speech Pathologists	0.6
Respiratory Therapists	0.0
Medical Social Workers	0.6
Other Therapeutic Staff	1.2
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	5.4
TOTAL FTES	27.8

**St. Luke's Home Health Service**

220 North 6th Avenue East

Duluth MN 55805

Out of State

**COUNTIES SERVED**

Douglas

(218) 249-6111

License Number: 169

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 7

Number of unduplicated patients in 2002 = 64

**TOTAL NUMBER OF ADMISSIONS** 59**PERCENT ADMISSIONS FROM:**

Private Residences	23.7%
General Hospitals	76.3
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 57

**PERCENT DISCHARGES TO:**

Private Residences	89.5%
General Hospitals	0.0
Nursing Homes	5.3
Deaths	3.5
Other	1.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	54	486	9.0
Home Health Aide	17	245	14.4
Physical Therapy	45	279	6.2
Spch/Occ/Resp Therapy	6	35	5.8
Medical Social Service	7	7	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,052	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 64.2%
4 to 24 3.1	Medicaid 3.0
25 to 54 23.4	Other Federal 0.0
55 to 64 17.2	State Funds 0.0
65 to 74 26.6	Private Insurance 32.8
75 to 84 18.8	Self Pay 0.0
85 & over 10.9	Other 0.0
	TOTAL PATIENTS 67

Males 40.6% Females 59.4 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.6%
Cancer 14.1	Genitourinary Sys. 3.1
Diabetes 0.0	Preg. & Childbirth 3.1
Diseases of Blood 0.0	Arthropathies 42.2
Dementia/Alzheimers 0.0	Osteopathies 1.6
Psychoses/Neuroses 1.6	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 3.1
Paralysis/CP 0.0	Fractures 9.4
Cardiovascular 4.7	Wounds, Burns 4.7
Stroke 1.6	Compl. of Surgery 3.1
Respiratory 1.6	Other Conditions 4.7

**REVENUE**

Billings \$	192,417
Disallowances	36,037
Collections	156,380
Other	0
Total	156,380

**EXPENSES**

Total \$	147,228
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**STAFFING****FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.3
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.2
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	0.8

**Dickinson Home Health**

617 North Stephenson Avenue  
Iron Mountain MI 49801

Out of State

**COUNTIES SERVED**

Florence  
Forest  
Marinette

(906) 779-7820

License Number: 314

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 5

Number of unduplicated patients in 2002 = 83

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	61	502	8.2
Home Health Aide	21	152	7.2
Physical Therapy	46	551	12.0
Spch/Occ/Resp Therapy	10	19	1.9
Medical Social Service	5	5	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,229	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 80.7%
4 to 24 0.0	Medicaid 4.8
25 to 54 8.4	Other Federal 0.0
55 to 64 8.4	State Funds 0.0
65 to 74 20.5	Private Insurance 14.5
75 to 84 34.9	Self Pay 0.0
85 & over 27.7	Other 0.0
	TOTAL PATIENTS 83

Males 32.5% Females 67.5 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 6.0%
Cancer 7.2	Genitourinary Sys. 4.8
Diabetes 3.6	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 18.1
Dementia/Alzheimers 0.0	Osteopathies 1.2
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.4	Ill-Defined Cond. 4.8
Paralysis/CP 0.0	Fractures 16.9
Cardiovascular 14.5	Wounds, Burns 1.2
Stroke 1.2	Compl. of Surgery 6.0
Respiratory 7.2	Other Conditions 4.8

**TOTAL NUMBER OF ADMISSIONS** 95

**PERCENT ADMISSIONS FROM:**

Private Residences	94.7%
General Hospitals	2.1
Nursing Homes	3.2
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 91

**PERCENT DISCHARGES TO:**

Private Residences	90.1%
General Hospitals	1.1
Nursing Homes	2.2
Deaths	4.4
Other	2.2

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.1
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.1
<b>TOTAL FTES</b>	<b>4.4</b>

**REVENUE**

Billings \$	176,342
Disallowances	-75,763
Collections	252,105
Other	0
<b>Total</b>	<b>252,105</b>

**EXPENSES**

<b>Total \$</b>	<b>183,623</b>
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**Dickinson-Iron District Health Department**

601 Washington Avenue

Iron River MI 49935

Out of State

**COUNTIES SERVED**

Florence

Marinette

(906) 265-9913

License Number: 53

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 4

Number of unduplicated patients in 2002 = 24

**TOTAL NUMBER OF ADMISSIONS** 18**PERCENT ADMISSIONS FROM:**

Private Residences	11.1%
General Hospitals	38.9
Nursing Homes	50.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 22

**PERCENT DISCHARGES TO:**

Private Residences	72.7%
General Hospitals	9.1
Nursing Homes	9.1
Deaths	4.5
Other	4.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	19	319	16.8
Home Health Aide	7	305	43.6
Physical Therapy	15	130	8.7
Spch/Occ/Resp Therapy	5	25	5.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	779	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 91.7%
4 to 24 0.0	Medicaid 0.0
25 to 54 12.5	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 12.5	Private Insurance 4.2
75 to 84 45.8	Self Pay 4.2
85 & over 29.2	Other 0.0
	TOTAL PATIENTS 24

Males 45.8% Females 54.2 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 4.2%
Cancer 16.7	Genitourinary Sys. 0.0
Diabetes 4.2	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 20.8
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 4.2	Ill-Defined Cond. 8.3
Paralysis/CP 4.2	Fractures 8.3
Cardiovascular 12.5	Wounds, Burns 0.0
Stroke 4.2	Compl. of Surgery 4.2
Respiratory 4.2	Other Conditions 4.2

**REVENUE**

Billings \$	92,687
Disallowances	652
Collections	92,035
Other	0
Total	92,035

**EXPENSES**

Total \$	91,242
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**STAFFING****FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.2
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.1
TOTAL FTES	0.7

**United Home Care**

927 Riverside Plaza  
Iron River MI 49935

Out of State

**COUNTIES SERVED**

Florence  
Forest  
Vilas

(906) 265-6118

License Number: 1013

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 1

Number of unduplicated patients in 2002 = 15

**TOTAL NUMBER OF ADMISSIONS** 14

**PERCENT ADMISSIONS FROM:**

Private Residences	57.1%
General Hospitals	42.9
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 17

**PERCENT DISCHARGES TO:**

Private Residences	64.7%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	17.6
Other	17.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	15	171	11.4
Home Health Aide	7	91	13.0
Physical Therapy	5	24	4.8
Spch/Occ/Resp Therapy	1	5	5.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	291	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 93.3%
4 to 24 0.0	Medicaid 0.0
25 to 54 0.0	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 0.0	Private Insurance 6.7
75 to 84 33.3	Self Pay 0.0
85 & over 66.7	Other 0.0
	TOTAL PATIENTS 15

Males 46.7% Females 53.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 6.7%	Digestive Disorders 6.7%
Cancer 6.7	Genitourinary Sys. 0.0
Diabetes 6.7	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 13.3
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 13.3
Paralysis/CP 0.0	Fractures 6.7
Cardiovascular 26.7	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 6.7	Other Conditions 6.7

REVENUE	
Billings \$	52,247
Disallowances	0
Collections	52,247
Other	0
Total	52,247

EXPENSES	
Total \$	21,370

**STAFFING FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.1
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	0.3

**Caring Home Health**  
 N10567 Grandview Lane  
 Ironwood MI 49938

Out of State

**COUNTIES SERVED**  
 Iron

(906) 932-2440

License Number: 190

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 5

Number of unduplicated patients in 2002 = 95

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	94	1,380	14.7
Home Health Aide	39	818	21.0
Physical Therapy	39	262	6.7
Spch/Occ/Resp Therapy	5	11	2.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	6	1,761	293.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,232	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 88.8%
4 to 24 1.1	Medicaid 5.1
25 to 54 5.3	Other Federal 0.0
55 to 64 7.4	State Funds 0.0
65 to 74 21.1	Private Insurance 6.1
75 to 84 33.7	Self Pay 0.0
85 & over 31.6	Other 0.0
	TOTAL PATIENTS 98
Males 65.3% Females 34.7 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.1%	Digestive Disorders 4.2%
Cancer 5.3	Genitourinary Sys. 2.1
Diabetes 7.4	Preg. & Childbirth 0.0
Diseases of Blood 3.2	Arthropathies 13.7
Dementia/Alzheimers 1.1	Osteopathies 2.1
Psychoses/Neuroses 1.1	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 5.3
Paralysis/CP 1.1	Fractures 6.3
Cardiovascular 23.2	Wounds, Burns 2.1
Stroke 3.2	Compl. of Surgery 2.1
Respiratory 6.3	Other Conditions 9.5

**TOTAL NUMBER OF ADMISSIONS** 87

**PERCENT ADMISSIONS FROM:**

Private Residences	24.1%
General Hospitals	56.3
Nursing Homes	19.5
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 90

**PERCENT DISCHARGES TO:**

Private Residences	75.6%
General Hospitals	5.6
Nursing Homes	6.7
Deaths	4.4
Other	7.8

**STAFFING**

**FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.4
Registered Nurses	0.7
Licensed Practical Nurses	0.0
Home Health Aides	0.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
<b>TOTAL FTES</b>	<b>3.1</b>

**REVENUE**

Billings \$	298,414
Disallowances	50,531
Collections	247,883
Other	0
<b>Total</b>	<b>247,883</b>

**EXPENSES**

<b>Total \$</b>	<b>188,101</b>
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**Marquette General Home Health**

800 East Boulevard

Kingsford MI 49802

Out of State

**COUNTIES SERVED**

Florence

Marinette

Oconto

(906) 863-7877

License Number: 207

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 23

Number of unduplicated patients in 2002 = 172

**TOTAL NUMBER OF ADMISSIONS** 166**PERCENT ADMISSIONS FROM:**

Private Residences	19.3%
General Hospitals	61.4
Nursing Homes	5.4
Other	13.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 133

**PERCENT DISCHARGES TO:**

Private Residences	75.2%
General Hospitals	4.5
Nursing Homes	8.3
Deaths	9.8
Other	2.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	172	3,210	18.7
Home Health Aide	52	2,291	44.1
Physical Therapy	34	319	9.4
Spch/Occ/Resp Therapy	4	19	4.8
Medical Social Service	36	79	2.2
Private Duty Nursing	2	505	252.5
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,423	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.2%	Medicare 74.4%
4 to 24 4.1	Medicaid 7.6
25 to 54 16.9	Other Federal 0.0
55 to 64 7.0	State Funds 0.0
65 to 74 18.6	Private Insurance 18.0
75 to 84 30.8	Self Pay 0.0
85 & over 21.5	Other 0.0
	TOTAL PATIENTS 172

Males 41.9% Females 58.1 %

PRIMARY DIAGNOSIS	
Infectious Disorders 1.2%	Digestive Disorders 8.7%
Cancer 5.8	Genitourinary Sys. 5.2
Diabetes 9.3	Preg. & Childbirth 0.0
Diseases of Blood 1.2	Arthropathies 7.0
Dementia/Alzheimers 0.0	Osteopathies 1.7
Psychoses/Neuroses 0.6	Perinatal Period 0.0
Central Nervous Sys. 2.9	Ill-Defined Cond. 8.7
Paralysis/CP 1.7	Fractures 4.7
Cardiovascular 14.0	Wounds, Burns 3.5
Stroke 2.9	Compl. of Surgery 4.7
Respiratory 8.1	Other Conditions 8.1

**REVENUE**

Billings \$	765,384
Disallowances	70,492
Collections	694,892
Other	0
Total	694,892

**EXPENSES**

Total \$	679,308
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**STAFFING****FTES**

Administrators	0.4
Reg. Nurse Supervisors	0.4
Registered Nurses	2.0
Licensed Practical Nurses	0.8
Home Health Aides	1.6
Physical Therapists	0.5
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.4
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	7.1

**Hiawatha Homecare**

1610 West 3rd Street  
Red Wing MN 55066

Out of State

**COUNTIES SERVED**

Pierce  
St. Croix

(651) 388-2223

License Number: 340

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 5

Number of unduplicated patients in 2002 = 15

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	13	122	9.4
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	4	2,126	531.5
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,248	XXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	26.7%	Medicare	0.0%
4 to 24	20.0	Medicaid	33.3
25 to 54	26.7	Other Federal	0.0
55 to 64	20.0	State Funds	0.0
65 to 74	6.7	Private Insurance	60.0
75 to 84	0.0	Self Pay	0.0
85 & over	0.0	Other	6.7
		TOTAL PATIENTS	15

Males 60.0% Females 40.0 %

PRIMARY DIAGNOSIS		REVENUE	
Infectious Disorders	6.7%	Digestive Disorders	6.7%
Cancer	6.7	Genitourinary Sys.	0.0
Diabetes	6.7	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	0.0
Dementia/Alzheimers	0.0	Osteopathies	0.0
Psychoses/Neuroses	0.0	Perinatal Period	26.7
Central Nervous Sys.	13.3	Ill-Defined Cond.	6.7
Paralysis/CP	6.7	Fractures	6.7
Cardiovascular	0.0	Wounds, Burns	6.7
Stroke	0.0	Compl. of Surgery	0.0
Respiratory	6.7	Other Conditions	0.0

**TOTAL NUMBER OF ADMISSIONS** 9

**PERCENT ADMISSIONS FROM:**

Private Residences	11.1%
General Hospitals	88.9
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 12

**PERCENT DISCHARGES TO:**

Private Residences	83.3%
General Hospitals	8.3
Nursing Homes	0.0
Deaths	8.3
Other	0.0

**STAFFING****FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	1.2
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTES</b>	<b>1.3</b>

Billings	\$	237,886
Disallowances		73,693
Collections		164,193
Other		0
<b>Total</b>		<b>164,193</b>

<b>EXPENSES</b>		
<b>Total</b>	\$	<b>201,448</b>

**Red Wing Regional Home Health**

1407 West 4th Street, Box 134

Red Wing MN 55066

Out of State

**COUNTIES SERVED**

Pierce

(651) 385-3410

License Number: 215

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 12/5/2002 = 9

Number of unduplicated patients in 2002 = 47

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	35	269	7.7
Home Health Aide	16	406	25.4
Physical Therapy	19	84	4.4
Spch/Occ/Resp Therapy	10	38	3.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	2	27	13.5
TOTAL	XXXXXXX	824	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 53.2%
4 to 24 6.4	Medicaid 2.1
25 to 54 21.3	Other Federal 2.1
55 to 64 8.5	State Funds 0.0
65 to 74 12.8	Private Insurance 19.1
75 to 84 46.8	Self Pay 19.1
85 & over 4.3	Other 4.3
	TOTAL PATIENTS 47

Males 44.7% Females 55.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 8.5%	Digestive Disorders 6.4%
Cancer 10.6	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 2.1	Arthropathies 4.3
Dementia/Alzheimers 2.1	Osteopathies 8.5
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 6.4	Ill-Defined Cond. 0.0
Paralysis/CP 4.3	Fractures 14.9
Cardiovascular 8.5	Wounds, Burns 4.3
Stroke 4.3	Compl. of Surgery 4.3
Respiratory 8.5	Other Conditions 2.1

**TOTAL NUMBER OF ADMISSIONS** 51**PERCENT ADMISSIONS FROM:**

Private Residences	9.8%
General Hospitals	58.8
Nursing Homes	15.7
Other	15.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 51

**PERCENT DISCHARGES TO:**

Private Residences	80.4%
General Hospitals	7.8
Nursing Homes	9.8
Deaths	0.0
Other	2.0

**STAFFING****FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.1
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.1
Other Staff	0.0
<b>TOTAL FTES</b>	<b>0.5</b>

**REVENUE**

Billings \$	102,622
Disallowances	10,119
Collections	92,503
Other	-2,287
<b>Total</b>	<b>90,216</b>

**EXPENSES**

<b>Total \$</b>	<b>125,287</b>
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**Interim Healthcare - Rockford**

5411 East State Street, Suite 212

Rockford IL 61108

Out of State

**COUNTIES SERVED**

Rock

(800) 427-4433

License Number: 248

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 2

Number of unduplicated patients in 2002 = 11

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	11	129	11.7
Home Health Aide	0	0	0.0
Physical Therapy	3	19	6.3
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	3	259	86.3
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	407	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 9.1%	Medicare 18.2%
4 to 24 9.1	Medicaid 18.2
25 to 54 45.5	Other Federal 0.0
55 to 64 18.2	State Funds 0.0
65 to 74 0.0	Private Insurance 63.6
75 to 84 18.2	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 11

Males 27.3% Females 72.7 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 9.1	Arthropathies 18.2
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 18.2	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 36.4
Respiratory 0.0	Other Conditions 18.2

**TOTAL NUMBER OF ADMISSIONS** 7**PERCENT ADMISSIONS FROM:**

Private Residences	0.0%
General Hospitals	85.7
Nursing Homes	14.3
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 9

**PERCENT DISCHARGES TO:**

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	0.0
Other	0.0

**STAFFING****FTES**

Administrators	0.5
Reg. Nurse Supervisors	0.5
Registered Nurses	1.1
Licensed Practical Nurses	1.7
Home Health Aides	0.0
Physical Therapists	0.5
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTES</b>	<b>4.3</b>

**REVENUE**

Billings \$	137,534
Disallowances	40,661
Collections	96,873
Other	0
<b>Total</b>	<b>96,873</b>

**EXPENSES**

<b>Total \$</b>	<b>74,083</b>
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**Lakeview Hospital Homecare**

5610 Norwich Parkway  
Stillwater MN 55082

Out of State

**COUNTIES SERVED**

Pierce  
Polk  
St. Croix

(651) 430-3320

License Number: 260

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 10

Number of unduplicated patients in 2002 = 359

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	324	1,839	5.7
Home Health Aide	109	655	6.0
Physical Therapy	61	477	7.8
Spch/Occ/Resp Therapy	50	126	2.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,097	XXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	1.1%	Medicare	69.1%
4 to 24	2.2	Medicaid	3.9
25 to 54	23.7	Other Federal	1.1
55 to 64	5.8	State Funds	0.0
65 to 74	14.2	Private Insurance	24.0
75 to 84	27.9	Self Pay	1.9
85 & over	25.1	Other	0.0
		TOTAL PATIENTS	359
Males	27.0%	Females	73.0 %

PRIMARY DIAGNOSIS			
Infectious Disorders	0.6%	Digestive Disorders	1.4%
Cancer	8.4	Genitourinary Sys.	3.9
Diabetes	3.1	Preg. & Childbirth	1.7
Diseases of Blood	2.8	Arthropathies	26.7
Dementia/Alzheimers	1.4	Osteopathies	0.0
Psychoses/Neuroses	2.8	Perinatal Period	1.1
Central Nervous Sys.	3.6	Ill-Defined Cond.	2.2
Paralysis/CP	0.8	Fractures	0.0
Cardiovascular	14.8	Wounds, Burns	7.5
Stroke	7.5	Compl. of Surgery	0.0
Respiratory	7.2	Other Conditions	2.5

**TOTAL NUMBER OF ADMISSIONS** 328

**PERCENT ADMISSIONS FROM:**

Private Residences	4.9%
General Hospitals	66.2
Nursing Homes	7.0
Other	22.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 343

**PERCENT DISCHARGES TO:**

Private Residences	74.1%
General Hospitals	6.7
Nursing Homes	10.8
Deaths	7.6
Other	0.9

**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.8
Licensed Practical Nurses	0.0
Home Health Aides	1.1
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.0
<b>TOTAL FTES</b>	<b>9.0</b>

**REVENUE**

Billings	\$	964,808
Disallowances		247,839
Collections		716,969
Other		0
<b>Total</b>		<b>716,969</b>

**EXPENSES**

<b>Total</b>	\$	<b>711,641</b>
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**St. Elizabeth Home Health Care**

1200 West 5th Grant Boulevard

Wabasha MN 55981

Out of State

**COUNTIES SERVED**

Buffalo

Pepin

(651) 565-5577

License Number: 356

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 2

Number of unduplicated patients in 2002 = 19

**TOTAL NUMBER OF ADMISSIONS** 23**PERCENT ADMISSIONS FROM:**

Private Residences	26.1%
General Hospitals	39.1
Nursing Homes	21.7
Other	13.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 22

**PERCENT DISCHARGES TO:**

Private Residences	50.0%
General Hospitals	40.9
Nursing Homes	4.5
Deaths	0.0
Other	4.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	19	272	14.3
Home Health Aide	8	138	17.3
Physical Therapy	4	9	2.3
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	8	160	20.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	579	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 52.2%
4 to 24 0.0	Medicaid 21.7
25 to 54 15.8	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 15.8	Private Insurance 4.3
75 to 84 36.8	Self Pay 13.0
85 & over 31.6	Other 8.7
	TOTAL PATIENTS 23

Males 36.8% Females 63.2 %

PRIMARY DIAGNOSIS	
Infectious Disorders 5.3%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 5.3
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 5.3	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 57.9	Wounds, Burns 10.5
Stroke 0.0	Compl. of Surgery 10.5
Respiratory 5.3	Other Conditions 0.0

REVENUE	
Billings \$	19,433
Disallowances	81
Collections	19,352
Other	0
Total	19,352

EXPENSES	
Total \$	20,510

**STAFFING FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.0
Licensed Practical Nurses	0.1
Home Health Aides	0.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.2
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	1.5

**Winona Health Home Care**

175 East Wabasha Street  
Winona MN 55987

Out of State

**COUNTIES SERVED**

Buffalo  
Trempealeau

(507) 457-4468

License Number: 318

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 4

Number of unduplicated patients in 2002 = 21

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	16	165	10.3
Home Health Aide	8	130	16.3
Physical Therapy	10	79	7.9
Spch/Occ/Resp Therapy	4	14	3.5
Medical Social Service	1	1	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	1	1	1.0
Homemkr & Other Non HH	1	6	6.0
TOTAL	XXXXXXX	396	XXXXX

**TOTAL NUMBER OF ADMISSIONS** 21

**PERCENT ADMISSIONS FROM:**

Private Residences	4.8%
General Hospitals	66.7
Nursing Homes	14.3
Other	14.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 17

**PERCENT DISCHARGES TO:**

Private Residences	76.5%
General Hospitals	11.8
Nursing Homes	0.0
Deaths	5.9
Other	5.9

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 79.2%
4 to 24 0.0	Medicaid 8.3
25 to 54 14.3	Other Federal 4.2
55 to 64 4.8	State Funds 0.0
65 to 74 28.6	Private Insurance 8.3
75 to 84 38.1	Self Pay 0.0
85 & over 14.3	Other 0.0
	TOTAL PATIENTS 24

Males 33.3% Females 66.7 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 4.8%
Cancer 4.8	Genitourinary Sys. 9.5
Diabetes 14.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 23.8
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 4.8
Cardiovascular 19.0	Wounds, Burns 0.0
Stroke 4.8	Compl. of Surgery 0.0
Respiratory 4.8	Other Conditions 9.5

**REVENUE**

Billings \$	43,354
Disallowances	5,846
Collections	37,508
Other	6
Total	37,514

**EXPENSES**

Total \$	31,415
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	0.1
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.1
TOTAL FTEs	0.4

**Caregivers Home Health**

1037 Lake Avenue  
Woodstock IL 60098

Out of State

(815) 338-8940

**COUNTIES SERVED**

Kenosha  
Racine  
Rock  
Walworth

License Number: 257

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 12/5/2002 = 15

Number of unduplicated patients in 2002 = 39

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	0	0	0.0
Home Health Aide	4	644	161.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	8	1,888	236.0
Personal Care/PC RN Supv.	78	4,383	56.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,915	XXXXX

**TOTAL NUMBER OF ADMISSIONS** 22

**PERCENT ADMISSIONS FROM:**

Private Residences	72.7%
General Hospitals	27.3
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 25

**PERCENT DISCHARGES TO:**

Private Residences	56.0%
General Hospitals	24.0
Nursing Homes	4.0
Deaths	4.0
Other	12.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 12.8%	Medicare 0.0%
4 to 24 56.4	Medicaid 93.5
25 to 54 15.4	Other Federal 0.0
55 to 64 2.6	State Funds 4.3
65 to 74 2.6	Private Insurance 2.2
75 to 84 5.1	Self Pay 0.0
85 & over 5.1	Other 0.0
	TOTAL PATIENTS 46

Males 53.8% Females 46.2 %

PRIMARY DIAGNOSIS	
Infectious Disorders 2.6%	Digestive Disorders 2.6%
Cancer 7.7	Genitourinary Sys. 0.0
Diabetes 2.6	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 5.1
Central Nervous Sys. 10.3	Ill-Defined Cond. 2.6
Paralysis/CP 12.8	Fractures 2.6
Cardiovascular 5.1	Wounds, Burns 2.6
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 2.6	Other Conditions 41.0

**REVENUE**

Billings	\$ 1,001,995
Disallowances	199,917
Collections	802,078
Other	0
Total	802,078

**EXPENSES**

Total	\$ 762,499
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	5.3
Licensed Practical Nurses	11.4
Home Health Aides	5.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	27.6

**STATE OF WISCONSIN TOTALS**

Number of patients visited on 12/5/2002 = 6,577  
 Number of unduplicated patients in 2002 = 68,834

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	55,104	742,233	13.5
Home Health Aide	13,472	568,996	42.2
Physical Therapy	23,860	172,263	7.2
Spch/Occ/Resp Therapy	9,267	61,221	6.6
Medical Social Service	4,485	9,276	2.1
Private Duty Nursing	523	52,747	100.9
Personal Care/PC RN Supv.	13,337	1,468,394	110.1
Other Home Health Care	222	7,897	35.6
Homemkr & Other Non HH	1,576	119,625	75.9
TOTAL	XXXXXX	3,202,652	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 6.2	Medicare 51.2%
4 to 24 3.8	Medicaid 14.1
25 to 54 15.4	Other Federal 0.5
55 to 64 10.4	State Funds 7.3
65 to 74 17.5	Priv. Insurance 23.0
75 to 84 27.8	Self Pay 3.5
85 & over 18.9	Other 0.5
	TOTAL PATIENTS 78,717

Males 40.4 %      Females 59.6 %

PRIMARY DIAGNOSIS			
Infectious Disorders	0.9%	Digestive Disorders	3.9%
Cancer	7.9	Genitourinary Sys.	2.7
Diabetes	4.6	Preg. & Childbirth	1.0
Diseases of Blood	1.2	Arthropathies	11.5
Dementia/Alzheimers	1.1	Osteopathies	1.8
Psychoses/Neuroses	1.8	Perinatal Period	4.5
Central Nervous Sys.	3.2	Ill-Defined Cond.	5.6
Paralysis/CP	1.6	Fractures	5.8
Cardiovascular	15.3	Wounds, Burns	2.8
Stroke	3.5	Compl. of Surgery	2.9
Respiratory	5.9	Other Conditions	10.3

**TOTAL NUMBER OF ADMISSIONS** 62,733

**PERCENT ADMISSIONS FROM:**

Private Residences	28.8%
General Hospitals	57.6
Nursing Homes	7.2
Other	6.4

**TOTAL NUMBER OF DISCHARGES**

(INCLUDING DEATHS) 62,829

**PERCENT DISCHARGES TO:**

Private Residences	79.1
General Hospitals	7.2
Nursing Homes	4.1
Deaths	2.8
Other	6.8

**STAFFING****FTEs**

Administrators	115.1
Reg. Nurse Supervisors	202.2
Registered Nurses	975.1
Licensed Practical Nurses	174.2
Home Health Aides	770.2
Physical Therapists	151.7
Occupational Therapists	39.1
Speech Pathologists	10.0
Respiratory Therapists	7.7
Medical Social Workers	49.6
Other Therapeutic Staff	9.1
Personal Care Workers	1015.9
Homemakers	110.5
Other Staff	714.5
TOTAL FTEs	4344.7

**REVENUE**

Billings	\$240,269,331
Disallowances	38,329,135
Collections	201,940,196
Other	2,886,632
Total	204,826,828

**EXPENSES**

Total	\$212,273,733
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## **Indices of Home Health Agency Profiles**



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